[ Entered at the Post Office at St. Louis, Mo., as Second Class Mail Matter ]

Contents on Colored Page IX.

Vol. XLV. No. 2.

August, 1883

# THE SAINT LOUIS

# Medical and Surgical Journal.

LIBRARY MAR 1

[ESTABLISHED 1843.]

THOS. F. RUMBOLD, M. D., Editor and Proprietor.
2622 Washington Avenue St. Louis, Mo.
F. M. Rumbold, Business Manager. 2622 Washington Avenue.
Terms: $3.00 per Annum IN ADVANCE. Single Copies 30 Cents.
*Address all Business Communications to the Business Manager.*

Complete Index to Advertisements on Colored Page, X.

## Recent Medical Publications by The Medical Journal Publishing Company.

### 1225 Washington Auenue. Saint Louis.

The attention of the profession is called to the facilities of this House for Publishing Medical Works. All Books Published by them, are advertised gratis in the JOURNAL for one year.

**Proceedings of the St. Louis Medical Society** for 1878, pp. 200, 11 Illustrations. $2.00. For the year 1879, pp. 296 Ill. $2.00 For the year 1880, pp. 355. $2.25. For the year 1881, pp. 420. $2.50. For the year 1882, pp. 449. $2.50. For the five years, $8.00; all in paper binding.

There is more instructive reading that is suited to the busy practitioner, in these five volumes, than can be found in the same number of pages of any work now published. Every subject is a practical one, and has occurred in the speaker's practice. They are discussed and criticised by quite a number of well informed and experienced physicians, thus presenting several views, and giving the reader a choice of conclusions.

**Fracture of the Femur.** By EDW. BORCK, M. D. (The third Edition is now in Preparation.)

**Paresis of the Sympathetic Centers.** CHARLES T. REBER, M. D. pp. 116. $1.00

**Yellow Fever. By a Special Committee of the St. Louis Medical Society.** DR. W. HUTSON FORD, Chairman. 8vo pp. 328; 5 Lithographic Plates, two of which are 9 by 24 inches and over 120 valuable Statistical and Metereological Tables bound in fine muslin with beveled edge cover. $1.50

"We cannot but believe that such careful studies will ultimately give the mastery of the disease."—*Medical and Surgical Reporter*

**Hygiene of Catarrh.** By THOS. F. RUMBOLD, M. D. Second Edition with 16 Illustration, pp. 190. $1.50. This book, a guide for every day life of those who every now and then take colds. It is the product of the Author's experience after twenty years observation on this subject.

"This is a semi-popular and readable little work upon the proshylaxis and treatment of a common cold. The book is well planned."—*London Lancet.*

**Treatment of Catarrh.** By THOS. F. RUMBOLD, M. D. with 30 Illustrations. pp. 310. $2.50.

"It contains full directions concerning the instruments which are requisite and the procedures to be adopted in all the various disorders of a catarrhal nature involving the nares, fauces and aural passages."—*Canada Med. and Surg. Jour.*

**Hygiene and Treatment of Catarrh.** By THOS. F. RUMBOLD, M. D., with 46 Illustrations, pp. 474. $4.00.

"It contains very much important and practical information, that cannot be found elsewhere."—*Cincinnati Med. News.*

FOR SALE BY THF PUBLISHERS AND BY BOOKSELLERS.

## TO THE MEDICAL PROFESSION.

# LACTOPEPTINE

## DEMONSTRATED SUPERIORITY OF LACTOPEPTINE AS A DIGESTIVE AGENT.

Certificate of Composition and Properties of Lactopeptine by Prof. ATTFIELD, Ph.D., F.R.S., F.I.C., F.C.S., Prof. of Practical Chem. to the Phar. Society of Great Britain.

LONDON, May 3rd., 1882.

*Lactopeptine* having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general characters, have become well known to me. But recently the manufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them and also mix them myself, and to prepare *Lactopeptine* from ingredients made under my own direction doing all this with the object of certifying that *Lactopeptine* is what its makers professes it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless powdered substance termed *Lactopeptine* is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, *Lactopeptine* is a skillfully prepared combination of meat-converting, fat-converting and starch-converting materials, acidified with those small proportions of acid that are always present in the healthy stomach; all being desseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory-lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as "diastase" or starch-digesting (bread-, potato-, and pastry-digesting) material, as well as the "pancreatin," or fat-digesting ingredients, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that made and used by the manufacturer of *Lactopeptine*. A perfectly parallel series of experiments showed that any given weight of acidified pepsin alone, at first acts somewhat more rapidly than *Lactopeptine* containing the same weight of the same pepsin. Sooner or later, however, the action of the *Lactopeptine* overtakes and outstrips that of pepsin alone, due, no doubt, to the meat-digesting as well as the fat-digesting power of the pancreatin contained in the *Lactopeptine*. My conclusion is that *Lactopeptine* is a most valuable digesting agent, and superior to pepsin alone.

JOHN ATTFIELD.

**LACTOPEPTINE** contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, thus combining all the principles required to promote a Healthy Digestion.

One of its chief features (and the one which has gained it a preference over all digestive preparations) is, that it precisely represents in composition the natural digestive juices of the stomach, pancreas and salivary glands and will therefore readily dissolve all foods necessary to the recuperation of the human organism.

### FORMULA OF LACTOPEPTINE.

| | |
|---|---|
| Sugar of Milk.....40 ounces. | Veg. Ptyalin or Diastaes..4 drachms. |
| Pepsin.....8 ounces. | Lactic Acid.....5 fl. drachms. |
| Pancreatine.....6 ounces. | Hydrochlori Acid.....5 fl drachms |

**LACTOPEPTINE** is sold entirely by Physicians' Prescriptions, and its almost universal adoption by physicians, is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

**The undersigned having tested LACTOPEPTINE, recommend it to the profession.**

ALFRED L. LOOMIS, M. D., *Prof. of Pathology and Practice of Med., University of the City of New York.*

SAMUEL R. PERCY, M. D., *Prof. Materia Medica, New York Medical College.*

F. LE ROY SATTERLEE, M. D., *Ph. D. Professor Chem., Mat., Med. and Therap. in N. Y. College of Dent.; Prof. Chem and Hyg. in Am. Vet. Col., etc.*

JAS. ATLKIN MEIGS, M. D., Philadelphia, Pa., *Prof of the Institutes of Med. and Med. Juris, Jeff. Med. College; Phy. to Penn. Hospital.*

W. W. DAWSON, M. D., Cincinnati, Ohio, *Professor Prin. and Prac Surg., Med. Col. of Ohio; Surg. to Good Samaritan Hospital.*

ALFRED F. A. KING, M. D., Washington, D.C. *Prof. of Obstetrics, University of Vermont.*

D. W. YANDELL, M. D., *Pro. of the Science and Art of Surg. and Clinical Surg., University of Louisville, Ky.*

L. P. YANDELL M. D., *Prof of Clin. Med., Diseases of Children, and Dermatology, University of Louisville, Ky.*

ROBT. BATTEY M. D., Rome, Ga., *Emeritus Prof. of Obstetrics, Atlanta Med. College, Ex-President Med. Association of Ga.*

CLAUDE H. MASTIN, M. D., LL. D., Mobile, Ala.

PROF. H. C. BARTLETT, Ph. D., F. C. S., London, Eng.

PROF. JOHN ATTFIELD Ph. D., F. R. S., F. I. C., F. C. S., London, Eng., *Prof. of Prac. Chem. to the Pharmaceutical Society of Great Britain.*

For further particulars concerning Lactopeptine, the attention of the Profession is respectfully directed to our 32-page Phamphlet, which will be sent on application.

THE NEW YORK PHARMACAL ASSOCIATION,
**Nos. 10 & 12 COLLEGE PLACE, NEW YORK.**
**P. O. BOX 1574.**

# ST. LOUIS MEDICAL COLLEGE,

## ST. LOUIS, MO.

### FACULTY:

A. LITTON, M. D.,
Professor of Chemistry and Pharmacy

J. B. JOHNSON, M. D.,
Professor of the Principles and Practice of Medicine.

E. H. GREGORY, M. D.,
Professor of the Principles and Practice of Surgery and Clinical Surgery.

J. S. B. ALLEYNE, M. D., Dean,
Professor of Therapeutics and Materia Medica and Diseases of Children.

E. F. SMITH, M. D.,
Professor of Clinical Medicine and Pathological Anatomy

L. CH. BOISLINIERE, M. D.,
Professor of Obstetrics.

G. BAUMGARTEN, M. D.,
Professor of Physiology,

H. H. MUDD, M. D.,
Professor of Anatomy and Clinical Surgery at the City Hospital.

W. E. FISCHELL, M. D.,
Professor of Hygiene and Forensic Medicine.

R. LUEDEKING, M. D.,
Professor of Pathological Anatomy.

### LECTURERS:

JOHN GREEN, M. D.,
Lecturer on Ophthalmology.

W. L. BARRET, M. D.,
Lecturer on Diseases of Women.

J. M. SCOTT, M. D.,
Lecturer on Clinical Medicine.

G. A. MOSES, M. D.,
Lecturer on Clinical Gynæcology.

N. B. CARSON, M. D.,
Assistant to the Chair of Surgery.

W. C. GLASGOW, M. D.,
Lecturer on Diseases of the Chest and Laryngology.

J. FRIEDMAN, M. D.,
Demonstrator of Chemistry.

EDWARD EVERS, M. D.,
Lecturer on Histology.

JOHN P. BRYSON, M. D.,
Lecturer on Diseases of the Genito-Urinary Organs.

W. A. McCANDLESS, M. D.,
Demonstrator of Anatomy.

FRANK R. FRY, M. D.,
Demonstrator of Anatomy.

C. H. HUGHES, M. D.,
Lecturer on Nervous Diseases.

HARRY HODGEN, M. D.,
Curator of the Museum.

THE FORTY-SECOND REGULAR SESSION WILL BEGIN ON MONDAY, SEPT. 24, 1883, AND CONTINUE UNTIL MARCH 1, 1884.

There will be no preliminary lectures. The course of studies in this School extends over a period of three years and is graded; the first year being devoted mainly to Theoretical and Demonstrative branches, the second and third years taking up the practical subjects and specialties Preliminary examinations will hereafter be required from all students entering the College, in the branches of a good English education; where a Diploma or certificate of graduation from a literary or scientific college or high school is presented, this will exempt from the examination.

Practical work in the anatomical rooms and in the chemical laboratory is obligatory. Attendance on all the special branches as given by the lecturers is required.

The facilities for clinical studies are unsurpassed.

## FEES:

*Matriculation Fee (Paid But Once)*, . . . . . $ 5.00

*Fees for each Winter Term, including Graduation and all other Fees*, . . 90.00

For the Annual Circular or any information, call upon or address the Dean, No 3,32 Washington Avenue.

J. S. B. ALLEYNE, Dean

# QUINQUINIA.

Manufactured by CHARLES T. WHITE & Co., New York.

**The Alkaloids of Chinchona Bark before Isolation—Fifteen per cent. of Quinia; fifteen per cent. Quinidia; fifteen per cent. Cinchonidia; twenty-five per cent. Chinchonia and thirty-five per cent. of Chinoidine (purified Alkaloid.)**

## ELIXIR QUINQUINIA,

(One Grain in each Fluid Drachm.)

## COMPRESSED TABLETS OF QUINQUINIA,

(In Two and Five Grain Tablets.)

## ELIXIR QUINQUINIA, IRON AND STRYCHNIA,

(One Grain Quinquinia, Two Grains Iron, One-sixtieth Grain Strychnia in each Drachm.)

**Manufactured by JOHN WYETH & BROTHER, Philadelphia.**

We ask the attention of physicians to this natural combination of the alkaloids of Cinchona Bark, having satisfied ourselves that it actually possesses the properties and advantages, claimed by Charles T. White & Co., the chemists, who manufacture it and brought it to the notice of medical men. It has been long used in hospital, dispensary and private practice, with uniformly good results, the pamphlets they issue giving many testimonials to that effect, from leading physicians in the United States. The experience of these physicians, whose published statements in regard to its antiperiodic and tonic effects, are so satisfactory, is daily confirmed by letters received from others, who have tested it more recently. In addition to the data given by them, we have received from our representatives, who come into personal contact with so many doctors all over the United States, most convincing proofs of the admirable therapeutic results, arising from its administration, the claim being urged positively, that, grain for grain, it is as efficient as Sulphate of Quinine, with the advantages of not being nearly so apt to induce cerebral excitement, and, of proving more lasting in its antiperiodic influence, a superiority always claimed for the mixed alkaloids and the bark, over the single salt, and we believe, deservedly. So confident are we, of the great value of Quinquinia as manufactured by this firm, that we have secured their entire product, believing that as soon as its merits are generally known, it will be preferred in a large majority of cases to Sulphate of Quinine or Cinchonidia, being, at least, their equal in therapeutic value, with the important advantage, that we shall be able to supply it at a much less cost. Implicit reliance can be placed on its always being furnished of exact strength and uniform quality by the chemists who prepare it, the entire line of chemicals they manufacture being unexcelled—rarely, indeed, equalled—by the products of any laboratory in the world. We shall be glad to send their pamphlets, giving full details of clinical reports., etc., etc., and sufficient of the Compressed Tablets of Quinquinia, to test their merits by actual uses to any physician who may desire them. As we are unable to send the elixir by mail, we will take pleasure in sending by express a sample of either, with printed matter, etc., to physicians, who will pay charges.

**JOHN WYETH & BRO.,**

**Manufacturing Chemists, PHILADELPHIA.**

# Physicians and Druggists

## SEEKING A LOCATION.

Indiana, Illinois, Missouri, Kentucky, Kansas, Iowa, Minnasota or Dakota should send for a copy of the respective State Gazetteer and Directory, describing

**Every City, Town, Village & Cross-Roads Settlement.**

The sketch of each place, specifying its population, chief business interests, prospects, improvements being made or projected, churches, schools, character of surrounding country with price of improved and unimproved land, if not on a railroad, nearest station, with distance and fare thereto, etc., etc.

*No place is omitted*, however small or remote, and all items of interest concerning it are given. The description of each place is followed by the names of all its business and professional men.

But in addition to this alphabetical list for each place, there is also prepared a CLASSIFIED LIST for the ENTIRE STATE, wherin the NAMES of ALL PERSONS in EACH PURSUIT may be found: for example, under the head of Physicians or Druggist appears the name and P. O. address of every one in the State arranged alphabetically by towns, so that the precise number of any place may be seen at a glance.

In the list of Physicians, the system or school practiced by each is specified.

These works are replete with information valuable to all classes of business and professional men, being volumes of from

**1200 to 1500 Pages,**

and compiled and published at an expense of several thousand dollars for each State.

## R. L. POLK & CO.,

**PUBLISHERS.**

**22 N Fourth Street, St. Louis, Mo.**

Manufacturing Chemists, Instrument Makers, Medical Publishers, or others desiring a complete list of Physicians, Druggists or any other class, will find ours to be the most accurate and conveniently arranged.

# BLANCARD'S PILLS

## OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverised iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of Blancard *Pharmacien, No. 40 Rue Bonaparte, Paris.* without which none are genuine.

BEWARE OF IMITATIONS.

---

## DOCTOR RABUTEAU'S
## Dragees, Elixir and Syrup of Iron.

The numerous experiments made by the most distinguished practitioners of our days in France and America have demonstrated that Dr. Rabuteau's preparations of Iron are superior to all other chalybeates in the treatment of *Chlorosis, Anæmia, Debility, Exhaustion, Convalescence, Weakness of Children*, and all diseases caused by a deterioration of the blood.

*Dr. Rabuteau's Dragees* (sugar coated pills) do not blacken the teeth, and are assimilated by the most delicate stomachs without causing constipation. Dose, 2 morning and evening, at meal time.

*Dr. Rabuteau's Elixir* is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

*Dr. Rabuteau's Syrup* is especially prepared for children, who take it readily because of its agreeable taste.

Prepared by CLIN & CO., Pharmacists, Paris.

# Kirkwood's Inhaler.

This is the only complete, reliable and effective inhaler in use, arranged for the direct application of Muriate of Ammonia and other remedial agents in the state of vapor to the diseased parts of the air passages in the treatment of catarrh and diseases of the throat and lungs. No heat or warm liquids required in its use.

It is entirely different from the various frail, cheap instruments that have been introduced.

KIRKWOOD'S INHALER is accompanied by testimonials of the highest professional character, together with carefully prepared formulas for use.

**Retail Price, complete, $5.00; Small size, $2.50.**
A liberal discount allowed to the trade and profession.

For descriptive pamphlets, or other information, address

**E. FOUGERA & CO.,**
**30 North William Street, New York.**

SAVORY & MOORE, beg to call the attention of the Profession to some of their Special Preparations, the purity and uniform strength of which are Guaranteed.

# PANCREATIC EMULSION.

Prepared in accordance with the direction of the Physician who introduced this purely

**Medicinal Food for Consumption and Wasting Diseases.**

**Pancreatic Emulsion** will always take precedence of Cod Liver Oil by reason of its introducing the STABLE SOLID FATS INTO THE SYSTEM instead of the evanescent fluid fats or oils.

Neither Cod Liver Oil nor EMULSIONS OF COD LIVER OIL can supply the kind of fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the SAPONIFICATION and ULTIMATE PUTREFACTION, produced by the chemical agents used instead of Pancreatic Juice.

**Pancreatic Emulsion** (properly so-called), is THE NECESSARY FOOD FOR THE CONSUMPTIVE, and the most reliable form of nutriment for counteracting the tendency to Phthisis and other wasting diseases. It presents to the lacteals fat in essentially the same condition for assimilation and absorption as in a vigorous human frame, and THE AGENT of the important change is THE NATURAL SECRETION of the PANCREAS.

**Pancreatic Emulsion,** may therefore be regarded as Chyle obtained by nature's own process. In certain cases both Cod Liver Oil and Pancreatic Emulsion are required—one to supply the blood with oil or liquid fat, the other with the more stable solid fats; but it cannot be too strongly urged that both PANCREATIC EMULSION and Cod Liver Oil are *not to be regarded as Medicines, but as articles of diet*, without which patients, with their defect of health, will as surely starve as healthy persons would if deprived of the most nutritive part of their food.

**Pancreatine,** effects the digestion and assimilation of Cod Liver Oil and Fat, as well as Food generally. This palatable and popular remedy is therefore invaluable to PATIENTS WHO ARE UNABLE TO DIGEST COD LIVER OIL, and who are thus deprived of its nourishing and invigorating properties.

# BEST FOOD FOR INFANTS!

TRADE MARK.

AS SUPPLIED TO

**THE ROYAL NURSERIES**

**Of England, Russia, Etc.,**

And containing the

**Highest Amount of Nourishment**

IN THE

**Most Digestible and Convenient Form.**

The most perfect substitute for healthy mothers' milk.

# Datura Tatula for Asthma, Etc.

**A Powerful and Universally Adopted Remedy.**

"By immediate contact with the air cells and passages, instant relief is given."—Dr. Latham, *Physician to the Queen.*

"A remedy of great power and usefulness in Asthma, Chronic Bronchitis, etc."—Dr. W. Barker.

"The smoke causes no nausea. I have never known an instance in which relief was not obtained."—General Alexander.

In Tins, for use by means of a pipe, Cigars and Cigarettes, and Pastilles for Inhalation.

**SAVORY & MOORE, 143 New Bond Street, London.**

Agents for America—E. FOUGERA & CO., New York.

# ANIMAL

# Vaccine Virus,

## PROPAGATED AT THE

**Missouri Vaccine Farm. By R. M. Higgins, M. D.**

---

This Institution, the largest and most reliable (for satisfactory results) in the West, was established eight years ago by Dr. Higgins who personally superintends the process of procuring Virus from each heifer.

The hundreds of *encouraging testimonials* of Physicians from all sections of the country warrant the enterprise in being continued.

## EXTRA NOTICE.

For the past *eight years* the Virus has been exclusively used by the St. Louis Board of Health, in the Public Schools and throughout the city, and such has been the satisfactory results that even last winter—1881-82—when small-pox was an epidemic in most of the large cities in our country, St. Louis was *comparatively free* from it.

This *fact alone* speaks *volumes* in favor of the virtue of the Virus.

*Quills.*—Vaccine lymph *dried on quills* has proven the *most reliable* and therefore especially recommended.

## PRICE LIST:

2 Vaccinations (1 whole quill), - - - - - - - - .25

10 Vaccinnations, (5 whole quills) - - - - - - - $1.00

A fresh supply of this Vaccine will be received every few days, and only *fresh Virus* will be sent out.

All failures duplicated when used strictly in accordance with printed directions, which accompany each package.

All orders by mail or telegraph will receive prompt attention. Address

ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

General Agents 1225 Washington Ave., St. Louis.

# TO THE MEDICAL PROFESSION.

# CELERINA
## THE NERVE-TONIC

*FORMULA.*—CELERINA is the *isolated*, active *nerve-toning* principle of Celery, Coca and Viburnum, *combined* in a pleasant *fluid* form.

*DOSE.*—One or two teaspoonfuls *three* or *more* times a day, as indicated.

Each fluid drachm represents three and one-half grains each—Celery, Coca, and Viburnum, combined with Aromatics.

*CELERINA* is *the* Nerve Tonic *sans pariel*. It *refreshes the tired brain*, and imparts tone and vigor to the entire nervous system; therefore, it is of the *utmost value* in Nervous Exhaustion, Sexual Debility, Paralysis, Dysmenorrhœa, Spermatorrhœa, Hysteria, Chorea, Weakness of old age, and *all* LANGUID conditions of the system.

☞TO PHYSICIANS.—I will take pleasure in forwarding free a sample bottle sufficient to test fully its merits. A trial only is sufficient to establish its medicinal value.

---

**J. H. McINTYRE, M.D.,**
*Surgeon in charge of the St. Louis Free Dispensary, St. Louis, Mo.*

As a Nerve-Tonic CELERINA has few equals and no superior.

**L. CH. BOISLINIERE, M.D., LL.D.,**
*Professor Obstetrics and Diseases of Women, St. Louis Medical College.*

After giving CELERINA a *fair trial* I have found that, as a Nerve-Tonic and Vital Reconstructor, it is *what it claims to be.*

**GEO. C. PITZER, M.D.,**
*Professor Practice of Medicine, American Medical College, St. Louis.*

I have prescribed CELERINA in cases of *weak, tired and nervous men and women, with satisfaction. It is a powerful and refreshing tonic, lasting in its effects.*

**E. FLETCHER INGALS, M.D.,**
*Professor Physiology, Hygiene and Clinical Medicine, Medical College of Indiana, Indianapolis, Ind.*

I have been using CELERINA in nervous diseases, particularly functional diseases of the heart, for some time, and I am satisfied that as now prepared it is a useful remedy.

**C. H. HUGHES, M.D.,**
*Lecturer on Psychiatry and Neurology, Post-Graduate Faculty, St. Louis Medical College, Editor of Alienist and Neurologist, etc.*

I frequently prescribe CELERINA when I want to use a reliable compound of celery and coca, and I take prescription has given me satisfaction in its results as a Nerve-Tonic in many cases.

**H. A. COTTELL, M.D.,**
*Demonstrator of Anatomy, Microscopy and Medical Chemistry, University of Louisville, Medical Department.*

CELERINA is a combination of drugs which meets all the requirements of a first-class prescription. It is efficient, agreeable and safe. I have used it in two cases of hysteria with highly satisfactory results and shall give it still further trial.

**JAY OWENS, M.D.,**
*St. Paul, Minn.*

I am having good results from CELERINA in weakness of the generative organs in males, and also find it an excellent general Nerve-Tonic.

**R. DARRINGTON, M.D.,**
*Kingston, Mass.*

I have obtained *the most satisfactory results* from the use of CELERINA in my practice. *I have never prescribed a preparation to which I am more indebted.*

**P. H. CRONIN, M.D.,**
*Surgeon, Department Throat and Lungs, St. Louis Free Dispensary.*

Having thoroughly tested the merits of CELERINA both in chemical and private practice, I take pleasure in stating that it is *superior* to any remedy of its class.

**D. F. POWELL, M.D.,**
*La Crosse, Wis.*

I believe that CELERINA is the *best Nerve-Tonic* in use. In one case in which no other remedy was of benefit a cure was effected. My patient was grateful—so am I.

**N. F. DONALDSON, M.D.,**
*North Platte, Neb.*

I have extensively prescribed CELERINA for spermatorrhœa, impotency, and other diseases of the male sexual organs, and it has never failed in doing more than all other remedies. I cheerfully recommend it to the profession.

**D. R. BROWER, M.D.,**
*Editor Chicago Medical Examiner, and Professor Nervous and Mental Diseases, etc., Woman's Medical College.*

I have used CELERINA in several cases of nervous exhaustion with good results. It contains celery, coca and viburnum, excellent drugs that are often indicated in such cases.

**C. C. FORBES, M.D.,**
*Visiting Physician to Women, Medical and Obstetrical, Department of Louisville City Hospital; late Medical Superintendent of Central Kentucky Lunatic Asylum, Anchorage, Ky.*

* * * * * The formula of Richardson & CELERINA challenges the confidence fully of any one acquainted with its constituents. I have had occasion to prescribe it in numerous cases, and have found it to justify my expectations to a highly satisfactory degree. In nervous debility, or nervous exhaustion, especially from protracted overwork—in short, for almost any form of neurasthenia, it seems to be an invaluable remedy.

---

PREPARED ONLY BY

*J. C. RICHARDSON, Chemist, ST. LOUIS, MO.*

---

Celerina is prepared for use of Physicians only, and can be had from all reputable Druggists, wholesale and retail, in the United States, or from

RICHARDSON & CO., Wholesale Druggists, 710 N. Main St., ST. LOUIS, MO.

# Spirits of Nitrous Ether, U. S. P.

The extensive use of this medicine renders it important that it always contain the full amount of pure nitrous ether, prescribed by the Pharmacopœia (5 per cent.) Unless this uniformity is attained, the physician's best efforts may be rendered useless by the uncertain quality of his remedy.

Sharp competition during past years has led to the manufacture of weaker preparations of variable strength. These have been sold under different brands, notably:—*Sweet Spiritt Nitre 3 F., or 4 F., or even U. S. P.*, where the maker's conscience was somewhat elastic.

Naturally considerable confusion has arisen, and it is not strange that those who have become accustomed to a weak, poor preparation, and and have not studied the matter, should be contented with the "old kind."

Since the introduction of the new U. S. Pharmacopœia we have manufactured largely an article which we brand

## SPIRITS NITROUS ETHER, U. S. P.

We guarantee it to meet every requirement of the Pharmacopœia. We would call especial attention to the following points:

1. It is free from Excessive Acidity

Many commercial samples are so acid as to effervesce briskly when treated with a crystal of bicarbonate of potassium: our preparation does not effervesce when so treated.

2. It is almost entirely free from Aldehyde.

This impurity may be detected by the brown color produced by addition of solution of potassa. Good samples give only a very pale yellow color. Aldehyde is present in considerable amount in many commercial samples. Its presence is objectionable.

3. It contains the full amount of Pure Nitrous Ether and Pure Alcohol.

No water is added, as is sometimes the case, and the product is uniformly made according to the following formula:

R. Purified Nitrous Ether, 5 parts, by weight.
Alcohol, "95 per cent." 95 " " "
Mix.

We request a careful comparison of our

## SPIRITS NITROUS ETHER, U. S. P.

with the description and requirements of the new Pharmacopœia, as well as with all other brands in the market.

*Having done this buy only the best.*

**W. H. SCHIEFFELIN & Co., New York.**

MILKMAID BRAND

TRADE MARK

ANGLO-SWISS MILK FOOD

For Infants and Invalids.

Samples furnished to PHYSICIANS Gratis.

ADDRESS

ANGLO-SWISS CONDENSED MILK COMPANY.

36 Hudson St., N. Y., P. O. BOX, 3773.

# CONTENTS.

## ORIGINAL CONTRIBUTIONS.

ARTICLE. PAGE.

XX. Remarkable Recovery from Railroad Accident, by Aid of Skin Grafting. By D. K. DICKINSON, M. D., of Lead City, D. T... 105

XXI. Reduction of Dislocation by Manipulation. By N. A. DRAKE, M. D., of Kansas City, Mo..... 109

XXII. Scabies. By E. BENKENDORF, M. D., of St. Louis..... 113

TRANSLATIONS.

XXIII. FROM THE FRENCH.—EXCERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL.] By S. POLLAK, M. D. St. Louis.—Obliteration of Arterial Trunc in Typhoid Fever. Experimental Researches on the Hypnotic and Sedative action of Paraldehyd in Mental Disease, by Morselli.—Radical Cure of Prolapsus Uteri, by Dr. Caneva..... 115

XXIV. FROM THE GERMAN.—EXCERPTS FROM LATE GERMAN JOURNALS. [Translated for the JOURNAL.] By S. POLLAK, M. D., of St. Louis.—The Mechanisms of the Chest and Falsetto Register.—Intrathoracical Pressure.—Effect of Air-baths upon the Temperature, Pulse, Respiration and Muscular Energy of Fever Patients.—The Diaphoretic Treatment in Puerperal Eclampsia by Hot Bath. By Dr. C. Brens, of Vienna.—Experiments on Artificial Cooling and Warming of Warm-Blooded Animals, by Dr. Nasaroff, of St. Petersburg.—Paracentesis of the Pericardium. By Dr. Barth.—Ectopio Ventriculi, or Congenital Prolapsus of the Mucous Membrane of the Stomach, through the Umbilical Ring.—The Use of the Magnet for Extraction of Iron and Steel Splinters from the Eye by J. Hirschberg.—Injections into the Optic Nerve. By Professor Pleuger. 116

XXV. The Morphine Habit (Morphismus). From the *Wiener Medizinische Wochenschrift*. Translated for the JOURNAL by J. EPSTEIN, M. D., of St. Louis..... 120

CLINICAL LECTURE.

XXVI. Extracts of Clinical Lectures Delivered by EDW. BOCK, A. M., M. D., Prof. of Surgical Diseases of Children, and Clinical Surgery, College for Medical Practitioners of St. Louis, Mo. [Reported for the JOURNAL by H. MARKS, M. D., of St. Louis, Mo.]..... 125

PROCEEDINGS OF MEDICAL SOCIETIES.

XXVII. ST. LOUIS MEDICAL SOCIETY.—Obstruction of the Intestine.—Discussion.—Aneurism of the Arch of the Aorta.—Cancer of the Rectum.—Milk and Milk Culture. By Walter Coles, M. D., of St. Louis.—Discussion.—A Tracheotomy Tube for Gradual Withdrawal, and Report of a Case in which it was Used. By H. F. Hendrix, M. D. New Instrument.—Effects of Quinine in Labor..... 133

XXVIII. Pathological Society of Philadelphia.—Carcinoma of the Stomach and Colon with Cardiac Lesions. Exhibited by Dr. J. Eskridge.—Mitral Stenosis and Regurgitation followed by Tricuspid Regurgitation and General Dropsy. By Dr. J. T. Eskridge.—Congenital Malformation of the Heart with Cyanosis; Death at the age of twent-nine Years, from Pulmonary Tuberculosis, by Dr. J. T. Eskridge..... 165

XXIX. Clinical Reports from Private Practice.—A Successful Operation for Lymphoma of the Neck, with Ligation of Common and External Carotid Arteries and External Jugular Vein. By Jno. H. McIntyre, A. M., M. D., of St. Louis, Mo. [Reported by E. A. Chancellor, M. D., of St. Louis, Mo. 174

XXX. Comments on Current Literature on the Diseases of the Nose, Throat and Ears. By Thos. F. Rumbold, M. D., of St. Louis, Mo..... 179

XXXI. Editorial..... 181

XXXII. Periscope.—*Surgery.*—A New Dressing for Wounds. Treatment of Warts.—Dangers from Boxing the Ears.—Bubo of Chancroid.—A New Operation for Spina Bifida.—Neurectomy for Facial Neuralgia.—Local Anæsthesia.—*Medicine.*—On Picric Acid as a Test for Albumen and Sugar in the Urine. Small-pox among the Indians.—Iodine Painting in Small-pox. Iodine as a Gastric Sedative..... 183

XXXIII. Book Reviews..... 190

XXXIV. Books and Pamphlets Received..... 192

XXXV. News Items..... 194

## INDEX TO ADVERTISEMENTS.

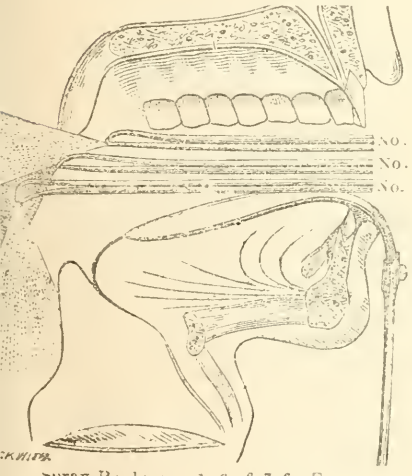
St. Louis Medical College.....1
Wyeth & Bro., *Quinquinia*.....2
R. L. Polk & Co.....3
Anglo-Swiss Milk Food.....9
E. Fougera & Co.....4-5-12-13-34
J. C. Richardson & Co., *Celerina a Nerve Tonic*.....7
W. H. Schieffelin & Co., *Spirits of Nitrous Ether*.....8
Thos. F. Rumbold, "*Hygiene and Treatment of Catarrh*".....11
Thos. F. Rumbold, *private Instruction*.....29
Thos. F. Rumbold, *preface to "Hygiene and Treatment of Cataarh"*.....30
R. M. Higgins, *Vaccine Virus*.....6
Reed & Carnrick, *Maltine*.....14
Reed & Carnrick, *Beef Peptonoids*.....15
Aloe & Hernstein, *Surgical Instruments*.....16
E. T. Pelgree, *Surgical and Dental Instruments*.....17
Rumford Chemical Works, *Horsford's Acide Phosphate*.....18
Wm. Warner, *Sugar Coated Pills*.....19
H. H. Burrington, *Dr. Wadsworth's Uterine Elevator*.....31
E. Scheffer, *Pepsin*.....31
Caswell & Hazard, Mensman's Peptonized Beef Tonic.....21
Missouri Medical College.....22
Geo. P. Rowell & Co.....23
H. Planten & Son, *Capsules*.....13
Woolrich & Co., *Ridge's Food*.....26
Battle & Co., *Bromidia*.....32
Battle & Co., *papine*.....32
Albert Beck, *Skeletons*.....28
Murdock Liquid Food Co.....28
A. G. Morey & Co.....28
Portable Electric Light.....25
College for Medical Practitioners, St. Louis, Mo.....33
Jno H. McIntyre, *private Instruction*.....29
The Humiston Food Preserving Co., *Rex Magnus*.....24
Deering J. Roberts, *Southern practitioner*.....20
Notice to Commercial Travelers.....25
R. H. Gilliford, M. D.....25
Dr. H. Kane.....25
Geo. C. Pitzer, M. D.....29

# THE HYGIENE AND TREATMENT
OF
# CHRONIC CATARRHAL INFLAMMATION
OF THE
# NOSE, THROAT AND EARS;
BY

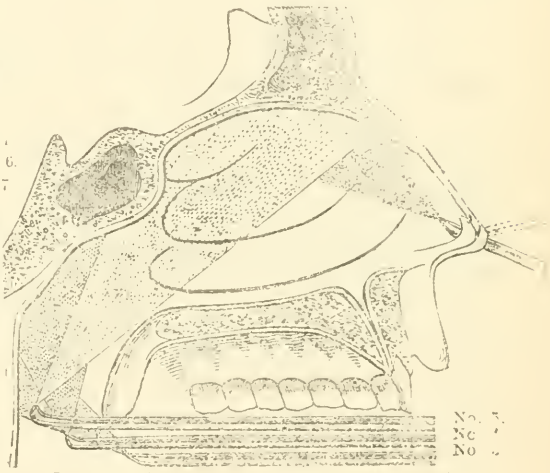
THOS. F. RUMBOLD, M. D.,

PROFESSOR OF THE DISEASES OF THE NOSE, THROAT AND EARS IN THE "COLLEGE FOR MEDICAL PRACTITIONERS", SAINT LOUIS, MISSOURI, ETC., ETC.,

**Part I. Hygienic and Sanative Measures; Part II. Therapeutic and Operative Measures, With 46 Illustrations. 12 mo. pp. 473; Price, Cloth, $ 4.00.**




Spray Producers 1, 6, & 7, for Fauces and Larynx.




Spray Producers 2, 3, 4, & 5, for the Oral and Nasal Cavities.

## EXTRACTS FROM THE PREFACE.

"The theory and practice contained in this work is the product of over twenty years of continuous labor, observation and study

* * * * * * * * * * *

"Having gone entirely out of the beaten track, with respect to the methods of making local applications I may have been too regardless of long established practices. I do however, trust that the general profession, who, after all, are the TRUE CRITICS. Their almost universal dissatisfaction with the prevailing methods, will soon lead them to ascertain for themselves, whether what I have recommended is an improvement or merely a change.

* * * * * * * * * * *

"If it is urged against me, that I have differed very materially from many who are recognized by the profession as being well informed on this subject, I have only to say that what has been given here is the result of an honest search after facts, and that these facts are stated as I saw them, not fearing to question the correctness of long acknowledged theories * * * * *"

# LELIEVRE'S POULTICE

## OF ICELAND MOSS,

### AN INSTANTANEOUS & PERFECT SUBSTITUTE FOR LINSEED MEAL AND OTHER POULTICES.

It is preferable to the latter, because it is

**Clean,** for it will not soil the linen.

**Unobjectionable,** for it will not emit any unpleasant odor.

**Unchangeable,** for it will not ferment.

**Economical,** for the same Poultice can be applied for many days without undergoing any change.

Lelievre's Poultices are sold in packets containing three and six sheets 5 by 8 inches, and in rolls 8 by 30 inches

DIRECTIONS FOR USE.—Dip the Poultice into boiling water until quite swollen, then apply to to the part and cover with the gutta percha sheeting accompanying the poultice, or with oiled silk. Samples sent on application by the

General Depositaries for the United States ;

**E. FOUGERA & CO., New York.**

SOLD BY ALL DRUGGISTS.

---

# THEVENOT'S GLOBULES.

We offer to the Medical Profession a series of well prepared and reliable pharmaceutical products, in which the unpleasant taste and disagreeable odor of the various remedial substances contained in them are entirely covered, and other drawbacks to their administration obviated. The form of Globules is especially applicable to liquids, but may also be applied to pulverulent remedies, simple or compound. It is especially adapted to Ethers and Ethereal fluids ; Oils, fixed or volatile ; Oleo-resins ; Balsams, etc., and is by far the most convenient as well as most elegant form for administering them.

Among the great variety comprising about 60 different kinds, we mention the following, which are among the most important :

**Ether, Chloroform, Oil of Turpentine, Apiol, Phosphorated Oil** (containing 1-64th grain of Phosphorus), **Tar, Venice Turpentine, Copaiba, Copaiba and Tar, Oleo-Resin of Cubebs, Balsam of Peru, Oleo-Resin of Male Fern, Oil of Sandal, Oil of Eucalyptus, Cod-Liver Oil, Rhubarb, Bicarb. of Soda.**

For a full list of the various kinds of Globules, with the quantity of the medicinal agents contained in each Globule, see pamphlet, which will be furnished or mailed on application, by the agents,

E. FOUGERA & COMPANY,

30 North William Street, New York.

PARIS, 1867.

Prize Medal.

1868.

Silver Medal.

1872.

Gold Medal.

# Boudault's Pepsine

***And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.***

Since the introduction of Pepsine by Boudault in 1854, **Boudault's Pepsine has been and is still considered the most reliable,** as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and *in 1876 at the Centennial Exposition at Philadelphia.* Careful tests will enable any one to satisfy himself that *Boudault's Pepsine has a digestive power at least double* that of the best Pepsines in the market, and that it is really the cheapest.

VIENNA, 1873.

Medal of Merit.

It is sold in 1 oz., 8 oz., and 16 oz. bottles. Beware of so-called French Pepsines bearing fictitious names. Ask for and take only **Boudault's.**

PHILA. 1876.

Medal of Merit.

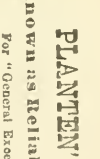
**E. FOUGERA & CO., New York, Agents.**

*"THE BEST OF AMERICAN MANUFACTURE."*

## PLANTEN'S CAPSULES, *

**Known as Reliable nearly 50 Years**

For "General Excellence in Manufacture."



## H. PLANTEN & SON,

224 William Street, New York.

* See note p. 61, Prof. VAN BUREN & KEYES on Urinary Organs

## HARD and SOFT CAPSULES

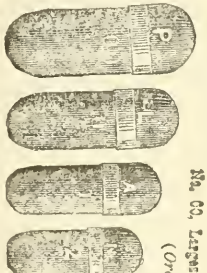
**OF ALL KINDS FILLED**

## RECTAL Suppository CAPSULES

For administering medication in the rectum. 100 by mail, 50 cents.

## EMPTY CAPSULES (7 SIZES.)

**No. 00, Largest. No. 5 X Smallest.** Especially adapted and recommended *(Order by Number only)* for administering concentrated or nauseous medicines free from taste or smell. Preventing irritation of mouth or throat, and injury to the teeth.



Box by mail, 50c.

SAMPLES SENT FREE. SOLD BY ALL DRUGGISTS.

**Specify "PLANTEN'S CAPSULES" on All Orders.**

We have, also, Capsules adapted for giving medicines to Horses, Cattle, 2 sizes (Ounce and Half-Ounce), for liquids or solids.

## VAGINAL & CAPSULES for Mechanical Purposes.

N. B.—We make **ALL KINDS** of Capsules to order, and of any size required. New Articles, and Private Formulæ a specialty.

# MALTINE.

MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

## LIST OF MALTINE PREPARATIONS.

**MALTINE** (Plain).
**MALTINE** with Hops.
**MALTINE** with Alteratives.
**MALTINE** with Beef and Iron.
**MALTINE** with Cod Liver Oil.
**MALTINE** with Cod Liver Oil and Pancreatine.
**MALTINE** with Hypophosphites.
**MALTINE** with Phosphorus Comp.
**MALTINE** with Peptones.
**MALTINE** with Pepsin and Pancreatine.
**MALTINE** with Phosphates.
**MALTINE** with Phosphates Iron and Quinia.
**MALTINE** with Phosphates Iron, Quinia & Strych.
**MALTINE** Ferrated.
**MALTINE WINE.**
**MALTINE WINE** with Pepsin and Pancreatine.
**MALTO-YERBINE.**
**MALTO-VIBURNIN.**

## MEDICAL ENDORSEMENTS.

We append, *by permission*, a few names of the many prominent Members of the Medical Profession who are prescribing our Maltine Preparations:

J. K. BAUDUY, M. D., St. Louis, Mo., Physician to St. Vincent's Insane Asylum, and Prof. Nervous Diseases and Clinical Medicine, Missouri Medical College.

WM. PORTER, A. M., M. D., St. Louis, Mo.

E. S. DUNSTER, M. D., Ann Harbor, Mich., Prof. Obs. and Dis. Women and Children University and in Dartmouth College.

THOMAS H. ANDREWS, M. D., Philadelphia, Pa., Demonstrator of Anatomy, Jefferson Medical College.

E. F. HAMMEL, M. D., Philadelphia, Pa., Supt. Hospital of the University of Penn.

F. R. PALMER, M. D., Louisville, Ky., Prof. of Physiology and Personal Diagnosis, University of Louisville.

HUNTER McGUIRE, M. D., Richmond, Va., Prof. of Surgery, Med. Col. of Virginia.

F. A. HARDEN, M. D., Milwaukee, Wis., Supt. and Physician, Milwaukee County Hospital.

L. P. YANDELL, M. D., Louisville, Ky., Prof. of Clinical Medicine and Diseases of Children, University, Louisville.

JOHN. A. LARRABEE, M. D., Louisville, Ky., Prof. of Materia Medica and Therapeutics, and Clinical Lecturer on Diseases of Children in the Hospital College of Medicine.

R. OGDEN DOREMUS, M. D., L.L.D., New York, Prof. of Chemistry and Toxicology, Bellevue Hospital Medical College; Prof. of Chemistry and Physics, College of the City of New York.

WALTER S. HAINES, M. D., Chicago, Ill., Professor of Chemistry and Toxicology, Rush Medical College, Chicago.

E. F. INGALLS, A. M., M. D., Chicago, Ill., Clinical Professor of Diseases of Chest and Throat, Woman's Medical College.

A. A. MEUNIER, M. D., Montreal, Canada, Prof. Victoria University.

H. F. BIGGAR, M. D., Prof. of Surgical and Medical Diseases of Women, Homœopathic Hospital College, Cleveland, Ohio.

DR. DOBELL, London, England, Consulting Physician to Royal Hospital for Diseases of the Chest.

DR. T. F. GRIMSDALE, Liverpool, England, Consulting Physician, Ladies' Charity and Lying-in-Hospital.

WM. ROBERTS, M.D., F.R.C.P., F.R.S., Manchester, England, Prof. of Clinical Medicine, Owens' College School of Medicine; Physician Manchester Royal Infirmary and Lunatic Hospital.

J. C. THOROWGOOD, M.D., F.R.C.P., London, England, Physician City of London Hospital for Chest Diseases; Physician West London Hospital.

W. C. PLAYFAIR, M.D., F.R.C.P., London, England, Prof. of Obstetric Medicine in King's College, and Physician for the Diseases of Women and Children to King's College Hospital.

W. H. WALSHE, M.D., F.R.C.P., Brompton, England, Consulting Physician Consumption Hospital, Brompton, and to the University College Hospital.

A. WYNN WILLIAMS, M. D., M.R.C.S., London, England, Physician Samaritan Free Hospital for Diseases of Women and Children.

A. C. MACRAE, M.D., Calcutta, Ind., Dep. Insp.-Gen. Hosp. Ind. Service, late Pres. Surg., Calcutta.

EDWARD SHOPPEE, M.D., L.R.C.P., M.R.C.S., London, England.

LENNOX BROWN, F.R.C.S., London, Eng., Senior Surgeon, Central Throat and Ear Hospital.

J. CARRICK MURRAY, M. D., Newcastle-on-Tyne, England, Physician to the N. C. H. for Diseases of Chest.

J. A. GRANT, M. D., F.R.C.S., Ottawa, Canada.

**MALTINE** is prescribed by the most eminent members of the Medical Profession in the United States, Great Britain, India, China and the English Colonies, and is largely used at the principal Hospitals in preference to any of the Extracts of Malt.

☞ We will forward gratuitously a 1-lb. bottle of any of the above preparations to Physicians, who will pay the express charges. Send for our 28 page Pamphlet on Maltine for further particulars.

THE MALTINE MANUFACTURING COMPANY,
JOHN CARNRICK, President.
(Of Reed & Carnrick, Manufacturing Caemists and Pharmacists.)

# BEEF PEPTONOIDS,

## A CONCENTRATED POWDERED EXTRACT OF BEEF, PARTIALLY DIGESTED AND COMBINED WITH AN EQUAL PORTION OF GLUTEN.

---

We have pleasure in presenting, for the consideration of the Medical profession, "Beef Peptonoids." We consider this product the most valuable that ever emanated from our Laboratory, and we feel confident it will be welcomed by the Profession in all parts of the world.

Beef Peptonoids contains *only* the *nutritious portions* of the beef. It contains *no water* and *no inert matter* of any kind. We combine the dry Extract of Beef with an equal *portion* of Gluten to prevent a tendency to deliquescense, and in order to present the preparation in a powdered and portable form. It is well known that Gluten is the most nutritious substance found in the Vegetable Kingdom, and in nutritive elements is closely allied to Beef

Four ounces of Beef Peptonoids represents as much nutritive and stimulating properties as forty-eight ounces of the best lean Beef.

Four ounces of Beef Peptonoids contains more nutritive elements than ten pounds of any Extract made by Liebig's formula, and from four to six times more Albuminoids and Fibrinoids than any Beef Extract ever offered to the Medical Profession.

Our machinery and process for the production of Beef Peptonoids are perfectly adapted to the *elimination* of all inert portions of the Beef and the *retention* of all the nutritive constituents

Beef Peptonoids *is much less expensive than any other preparation in the market, as it contains neither water or inert matter.*

The favor our preparation of Beef Peptonoids received at the hands of Drs. Agnew, Hamilton, Bliss, Reyburn, Woodward, Barnes, &c., the corps of eminent Physicians, who employed the preparation with so much advantage in the treatment of the late President Garfield, proves conclusively its great value, not only as a food to be taken by the mouth, but also, how important an agent it has been found in feeding by the Rectum.

Please refer to the very able article of Dr. D. W. Bliss, in the New York *Medical Record*, July 15th, 1882, in which he so frequently refers to Beef Peptonoids, having been used to so great an advantage, not only in the case of the late President Garfield, but many others as well.

We employ a reliable and experienced person to select the Beeves before they are slaughtered and to superintend the killing and dressing. Great care is excercised in this respect, and none except the most healthy and suitable beeves are employed in making our Beef Peptonoids.

Every physician will appreciate the importance of this care, for an Extract made from diseased Beef would not only be deleterious, but would, in many cases, produce lasting injury and fatal results.

The use of Beef Peptonoids is indicated as follows:

Convalescence from all diseases, Fevers, Pneumonia, Weak Digestion, Diarrhœa, Dysentery, Phthisis, Cholera Infantum, Marasmus, Sea Sickness, Excessive use of Alcoholic Stimulants, Per Rectum in all cases where the stomach cannot digest the food, and in debility resulting from any cause. Also, a valuable adjunct in voyages and camp life.

We will be pleased to have the Profession everywhere test our assertions regarding this preparation, and for that purpose we will be happy to mail a sample to any regular practitioner desiring it; also circulars fully explanatory.

Thanking the Profession for generous support in the past, we beg to remain,

Very Respectfully,

**Reed & Carnrick,**

182 FULTON ST., NEW YORK.

## ALOE & HERNSTEIN,

Importers and Manufacters of

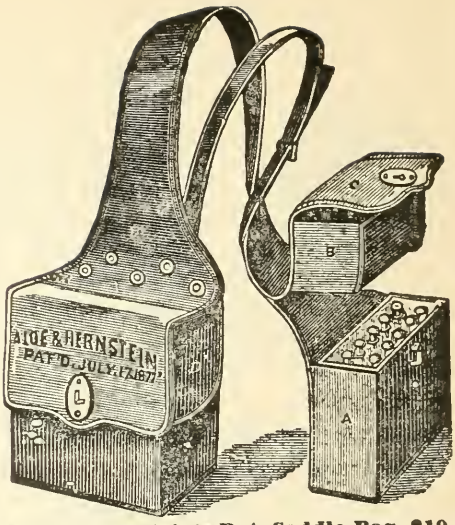
# Surgical and Electrical

## INSTRUMENTS,

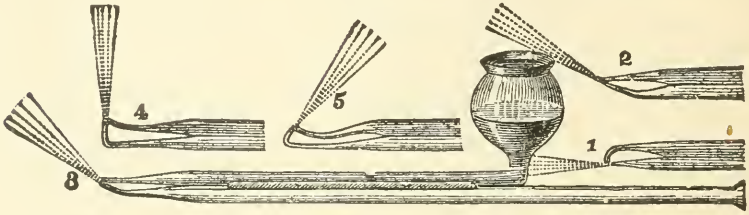
Orthopædical Instruments

OF EVERY STYLE.

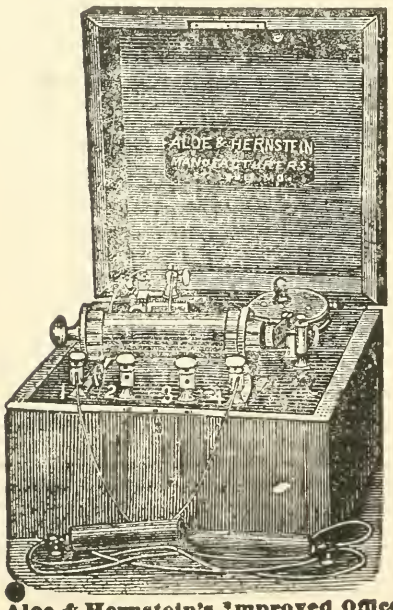
300 North Fourth St.




Aloe & Hernstein's Pat. Saddle Bag, $10.




Rumbold's Spray Producers




Aloe & Hernstein's Improved Office Battery, $15.

## ALOE & HERNSTEIN,

Sole Manufacturers of the

IMPROVED STOHRER

## Electro Galvanic Battery,

Aloe & Hernstein's Improved Office Battery.

Aloe & Hernstein's Patent Saddle Bag.

Imp'd. Electric Bath Instruments.

Agents for Geo. Tieman & Co.'s Celebrated Instruments.

Send for Illustrated Catalogues.

P. S.—Any style of Electric Machine made to order.

N. E. Cor. Olive

ST. LOUIS, MO.

# E. T. PELGREE.

MANUFACTURER OF

## Surgical and Dental Instruments,

## TRUSSES, BRACES

AND

## APPARATUSES FOR DEFORMITIES.

REPAIRING, A SPECIALTY.

ALL ORDERS PROMPTLY EXECUTED.

---

Mr. E. T. Pelgree, Sir.—

As you have guaranteed that all of my Instruments that you manufacture will be as perfect as those you have made for me, I will recommend my friends to patronize you.

THOS. F. RUMBOLD, M. D.

St. Louis, May, 1882.

---

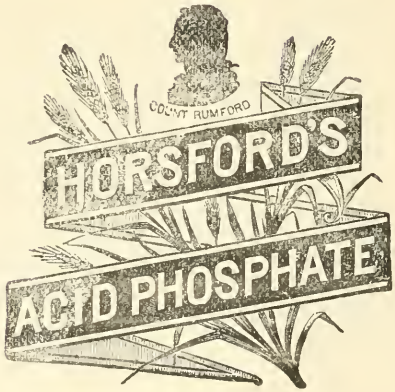
NO. 317 NORTH THIRD STREET.

ST. LOUIS, MO.

**Bet. Olive and Locust,**

# IN MORNING SICKNESS

AND OTHER DISEASES




INCIDENT TO PREGNANCY.

---

The action of the Acid Phosphate upon the system during pregnancy is very effective; the morning sickness being treated with good results; and where indigestion is a sympathetic trouble it has been found a valuable and pleasant remedy.

In cases of exhaustion and nervous prostration from lactation, it has been used with excellent results.

During pregnancy the consumption of phosphate of lime is very great; so that at this period of woman's life, fractures heal, if at all, with great difficulty. The Acid Phosphate supplies the phosphates needed at such times.

---

Dr. D. T. Nelson, of Chicago, says: "I find Horsford's Acid Phosphate a pleasant and valuable remedy in indigestion, particularly in pregnant women."

Dr. W. L. Atlee, of Philadelphia, says: "Having used Horsford's Acid Phosphate very extensively in my practice, which consists mostly of uterine diseases and disorders incident thereto, it is with pleasure I attest my appreciation of its usefulness."

---

Let the patient put eight or ten drops of Acid Phosphate into half a glass of cold water, and take a sip of it, say a few minutes before rising or whenever the sickness or nausea is coming on.

It is equally effective in hot water, or tea without milk or sugar, and to some may thus be more palatable. In such cases use the same dilution as above. Some constitutions may need a stronger dilution, which fact, experience alone can decide.

---

Prices reasonable. Pamphlet giving further particulars mailed free on application to manufacturers.

Physicians desiring to test it will be furnished a bottle free of expense, except express charges.

MANUFACTURED BY THE

**RUMFORD CHEMICAL WORKS, Providence, R. I.**

# Original Contributions.

## Article XX.

### Remarkable Recovery from Railroad Accident by aid of Skin Grafting. By D. K. Dickinson, M. D., of Lead City, Dakota, T.

Lee P.—age 45 tall and slender, weight 145 pounds, well marked scrofulous diathesis. On the 1st day of July 1882 while assisting in unloading wood cars, was caught between the bumpers sustaining the following injuries of left lower limb, a long narrow tear extending through the skin and superficial fascia, commencing at a point two inches below head of fibula and extending up to trochanter major, letting the skin gap open about 1½ or 2 inches. Another wound on the inner side of the leg commencing on the head of tibia and extending up to glutio femoral fold, about 2 inches wide. This wound was then bisected at point midway between internal condyle of femur and tuberosity of Ischium by another that extended down through soft parts to the bone, nearly half severing the limb, sparing nothing but femoral artery, vein and nerve which were completely isolated streching across the large wound. He was soon carried to a neighboring house where I adjusted the edges of the wound with sutures and plaster. After reaction, which occurred some two hours later, considerable venous hæmorrhage took place This I controlled by application of cold. I should say that the integument between the wounds showed no evidence of contusion or injury. I now ordered a saline laxative with hypodermic of morphia to releive pain.

July 2nd, found patient had rested well, pulse 110 and bounding, temp. 102°. limb very much swollen. The skin between wounds felt cold and clamy and my suspicions were at once aroused as to the vitality of the parts. Found the circulation good in anterior and posterior tibial arteries. I ordered warm fomentations to the limb with morphia subcutaneously to releive pain.

July 4th, found pulse 130 weak, temp. 103°, appetite poor, blueish patches now presented themselves at points along

between the wounds. The limb was very much swollen and painful suppurating was also occurring. I had the wounds well washed and dressed with antiseptic cataplasms and ordered quinine and opium with milk punch and beef tea.

July 6th, found limb looking very dark from knee to hip. The skin would crackle upon pressure showing that mutificater had occurred. How deep this condition extended I could not tell the circulation in arteries below knee was good through venous circulation was considerably disturbed as the limb was very much œdematous; temp. 102°, pulse 120, tongue dry with delirium: upon consultation with learned counsel we decided that amputation would be more than useless as the patient under the most favorable circumstances would hardly survive so large an operation as this injury would require. His previous history was very unfavorable having had to resort to the use of cod liver oil and its adjuncts for many years previous for lung troubles I ordered charcoal cataplasms with beef tea and milk, iron and quinine in antipyretic doses. His condition remained about the same up to July 10th, the line of demarkation was well formed at both ends of the gangrenous mass it commenced just above the condyle of femur and extended up to trochanter major completely encircling the limb and extending in depth about one inch through skin, superficial fascia and muscles.

July 20th, most of the sloughs have seperated; surface secreting large quantities of pus, patients general conditions shows some change for better, pulse 110, temp. 101°; bowels active; takes beef tea and milk punch in small quantities, stomach quite irritable, use also beef tea enemata with 15 grains of quinine the limb below injury very much swollen owing to so much destruction of superficial veins.

Aug. 1st, temp. 102°; pulse 110, tongue dry, some delirium, bowels constipated, urine scanty quite red and acid cannot sleep unless under influence of opiates, still takes beef tea and milk, punch in small quantities per orem but depend largely upon rectal alimentation, the wound does not look so healthy, pus is watery and contains more or less blood; swelling still continues great below knee.

Aug. 15th, general condition improved, takes more nourishment and stimulants; do not use enemata as stomach retains all that is prescribed; wound looks better, pus more laudable and some healthy granulations begin to peep up on the surface; now

leave off the charcoal poultices and use red wash instead. This condition of the patient remained about the same up to Sept. 1st. when he again began showing symptoms of exhaustion. The excessive drainage upon the system seemed to lower the vital powers to such an extent that I was almost discouraged. However in addition to a good diet I ordered alcohol bathing with cod-liver oil and iron so that by Sept. 5th, I found him on the improve. Pulse 100 weak and soft; temp. 101½°, bowels moved freely, tongue not so dry, delirium has disappeared, sleeps well. The wound shows some healhty granulation though not sufficient to warrant one in attempting skin grafting.

Aug. 20th. patient still improving, takes food well, says he now feels that he is going to get well if I can only find some way to cover this large surface. The dimension of the wound now after all the sloughs have been detached is nine inches around the limb just above the patella, nine and a half inches around trochanter major and fourteen inches in length, leaving as you will see in cut a very formidable surface to contend with. I now concluded to try Dr. Hodgens plan of skin grafting viz., dusting the surface with scrapings of skin taken from the round limb. I then applied a well oiled linen cloth on the surface secured by a roller from toes up. I did not disturb the dressing till the third day when I found no evidence that any of the cuts had taken hold. Thinking perhaps that my surface was not in a healthy condition as might be required for grafting I waited a few days and again attempted the Hodgen plan also removing 15 grafts by the old method and placing them on the wound which I could not ask to have in a better condition, the granulations peeping up all over the surface. I dressed them as before and on the third day again removed the dressing and found 12 of my 15 grafts doing finely with no results from the dustings used so I concluded that I either did not understand the Hodgen plan of grafting or it would not answer in this case. I also tried the plan that Dr. Agnew suggests of grafting, vide page, 124 Vol. I., of his late valuable contribution to surgical science; that is by placing small pieces of the reb mucesum on the surface without regard to which side is placed down, not more than one fourth of these would take hold, but by removing them with a slender pair of forceps and curved scissors and placing the fresh side down, being careful to flatten out the inverted edges so as to allow no curling under, which they so

readily do after removel, four-fifths of all will grow if the surface is properly prepared to receive them, the cut progressed from now on very favorably, so that by the 1st day of Feb. 1883 the surface was entirely cured. In all I practiced grafting ten times at intervals of 10 and 12 days removing from 10 to 15

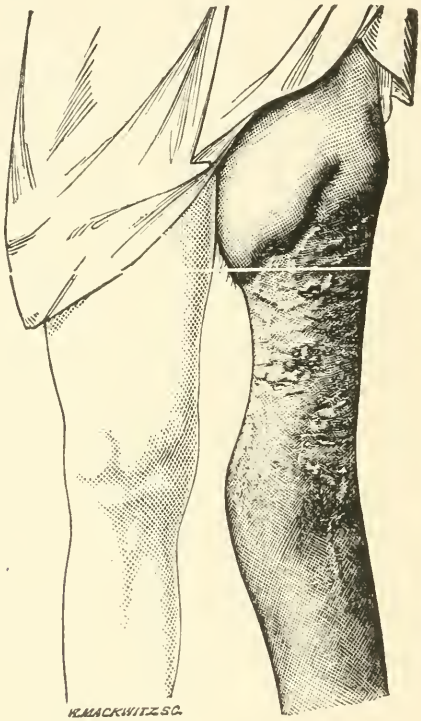



Fig. 1. Skin Grafting.

grafts at each sitting. The circumference of the limb kept increasing in size up to some time in March last, since then it has remained about the same as the cut shows. He has been up and around by the aid of a cane since the middle of February and is now able to attend to his duties as watchman; the limb gradually growing stronger. So far as the future usefulness of the limb is concerned time will only tell whether this extensive scar will partake of the nature of all cicatrical unions and then by contraction impair the nutrition of the leg, below producing varicose ulcers and other concomitant evils, also deformity

by flexing the leg upon the thigh I cannot determine at present I believe however that cicitrization by the aid of grafting modifies to some extent the resulting evils of large scars as is evidenced by the gradual growth of the limb in this case, he still wears a bandage from toes up to assist the return of blood from the extremity and which he will have to do till nature makes provision for the loss of a large number of superficial blood vessels that were destroyed in the injury.

---

## ARTICLE XXI.

### REDUCTION OF DISLOCATION BY MANIPULATION.* By N. A. DRAKE, M. D., Kansas City Mo.

The teachings of surgeons in dislocations have not materially changed for years.

Reduction by manipulation is usually mentioned by all of them in their work on surgery and in their lectures, but is not emphasized and fully illustrated but by a few and those few are mostly American surgeons.

#### HISTORY.

There is no doubt but what Hippocrates alluded to this method when he speaks of reducing luxations by flexions and rotations of the injured limb.

Wiesman, an English surgeon in 1676 and Boulton in 1713 each allude to it; Anderson of Scotland in 1772, Pouteau of France in 1783. But to American surgeons we are indebted for the most of our literature on this subject.

Dr. Physick of Pennsylvania first wrote upon it in 1811, soon followed by Dr. Nathan Smith of Connecticut in 1815; followed still later by his son, Nathan R. Smith now of Baltimore.

Dr. Reid of Rochester New York, read a paper before the New York, State society in 1851. "On several cases of dislocation of the hip" reduced by manipulation and his theories concerning it; which eliceted much discussion.

---

* Read before Jackson Co, Medical Society, June 9, 1883.

Dr. Monroe of New York City holds similar views of Dr. Reid.

But to Drs Bigelow of Boston and Dr. Gunn of Chicago we are probably indebted more than to any one else for the true mechanism of reduction by manipulation from a systematic course of reasoning established from an anatomical and mechanical standpoint, Prof. Bigelows fine dessections of the hip joint and his demonstration of the resistance to reduction, is to say the least ingenious as well as convincing. He contends with Prof. Gunn 'tis the capsular ligament that gives the greatest resistance to reduction.

Dr. Gunn read a paper before the Detroit Medical Society in 1853, afterwards published in pamphlet form "On luxations of the hip and shoulder" A description and etc. of the methods he was teaching to his classes at the University of Michigan, Ann Arbor since 1857 which embodied his views and theories thereof.

Of our Authors Hamilton speaks very highly of it but contends that extention and counter extension must be used in conjunction with it. Dr. Gross veiws have somewhat changed in his new edition. I heard him in his lectures, give due credit to Drs. Bigelow and Gunn for emphasizing this treatment and of dwelling on it fully in their lectures.

Dr. Agnew in his recent work on surgery notices it quite extensively, giving it more credit than any of our authors.

Dr. Andrews of Chicago in the 3rd Vol. International Encyclopædia of Surgery, gives a very full account of Prof. Bigelow's method and I must confess the more I study Dr. Bigelow's the more I am convinced that a Dr. who understands the anatomy of the joints, the less reason there is in useing the old barberous pullies and the different contrivances that have been invented to apply direct force to the limb.

Dr. Andrews for some reason ignores Dr. Gunn in his paper.

If I mistake not he, Gunn was Prof. at Ann Arbor when Dr. A. was a student there and he must know that Prof. Gunn's paper antedates Prof. Bigelow's by some years.

As mentioned above Dr. Gunn began teaching this method in 1851 and '52 to his classes at the University of Michigan. He contends with Prof. Bigelow that it is the untorn portion of the capsular ligament and not muscular rigidity that had to be overcome in the reduction.

His explanation is about as follows. In order to produce a dislocation. The hip for instance. The limb as a rule must be greatly disturbed, and when the dislocation takes place, the torn part of the capsular ligament is of necessity greatly stretched till it gives way. After the dislocation the untorn portion is put greatly upon the stretch, when the limb app roximates its normal position, and is the great cause of hugging the head of the bone in its abnormal position.

He demonstrated this on the cadavor to his classes. He produces a dislocation of the femur on the dorsum of the ilium; then removes all the muscles and even cuts the round ligament.

After which it takes more than the strength of one man to reduce it by mechanical means. By manipulation it is easily reduced by one man.

From these premises he deduces his treatment, and to use his own language, it is as follows.

"Place the limb in exactly the same position it occupied at the moment of escape; then reverse the direction of the force which produced the dislocation and the head of the bone will move back to its normal position by the application of a light force".

To illustrate further, I propose to cite you to the most frequent dislocation we meet viz. dislocation of the head of the humerus into the axilla. In this dislocation of the bone, the head rests on the anterior border of the scapula below the glenoid cavity; passing out between the tendons of the triceps and sub-scapularis muscles; the deltoid and muscles of the dorsum of the scapula and infra spinatus are put upon the stretch: and where there has been great violence the other muscles may be more or less affected viz. sub-scapularis, coraco brachialis both of which may be torn, as well as the long head of the triceps being forced from its groove.

Now we have the pathological condition: to reduce it. First, and in all cases give an anæsthetic, have your patient profoundly etherized and then cause the head of the bone to retrace the track it went out.

In order to do this the arm must be placed as near as possible as it was when the head of the bone escaped.

We know that in a displacement into the axilla the arm is generally thrown violently upwards, or if by direct force, it, the force, is in the direction of the axilla.

In the replacement, the forearm is flexed on the arm to relieve the tension as much as possible of the supra-spinatus muscle and the long head of the triceps, then raise the arm by the side of the head, thus relieving the tension of the untorn portion of the capsular ligament, now abducting it sharply and then supinating the forearm; thus you have all relaxed and by very moderate force as an easy method as a rule, with two or three fingers under the head of the bone to lift it into the glenoid cavity, as the arm is thrown out at right angle with the head and allowed to drop in its place by the side.

In this manner we claim we replace the bone without doing any more injury. While with the old method with the head in the axilla, using direct force, you will bruise and lacerate the tissue, sometimes, much more then when the accident happened. Hence, your patients are much longer in getting well.

My friend and classmate, Prof. Parkes, of Rush College, Chicago, two years ago, reported twenty-seven dislocations of the humerus in his private practice, all reduced by manipulation. And I saw him demonstate this treatment on the cadaver to a class of incredulous post-graduates to their final convictions of its superior merits over the old method.

It is necessary to success, First, to thoroughly understand the anatomy of the joint. Second, to thoroughly understand its pathology, know exactly where the head of the bone is in its abnormal position, and the injury it has done in getting there. Third, have your patient thoroughly anæsthetized, thus overcoming all voluntary resistance on his part.

Then by following out the principles inculcated in this paper, 99 per cent, perhaps you'll say I am an enthusiast, but my own experience warrants the statement, of all these locations can be easily reduced.

We claim nothing new in this but we do claim that its merits have not been thoroughly understood. That it will stand the best of reason, reason from an anatomical and a mechanical standpoint. We believe it is being gradually adopted, especially by the younger members of the profession, and I expect to live to see the day when it will be the *rule* and not the exception to reduce dislocations by manipulation.

## ARTICLE XXII.

### SCABIES. By E. BENKENDORF, M. D., St. Louis Mo.

The Itch is emphatically a skin disease developed in consequence of contagion. This latter is effected by the transmission of a parasite, called acarus, from person to person.

Physicians are not as often called on to treat a "complicated" case of Itch as they are to diagnosticate the same if it be suspected to exist with a member of a family or a servant in their employ. Should their diagnosis happen to be wrong some unpleasantness may arise either to the suspected person, or to the family with which he or she resides and equally so to the reputation of the Doctor. The best proof of the existence of this disease at any time would be ocular demonstration of the acarus. This however is not always of easy accomplishment and we must therefore content ourselves with being guided by the more or less infallible signs which to some degree form as incontrovertible proof as the acarus itself.

The time of inoculation, is reckoned to be from 8 to 10 days, after the lapse of which the cutaneous affection declares itself and this with symptoms of intolerable itching of a painful and local character. It occurs during the night and the patient, not being troubled with it in the daytime, can pursue his vocation during these hours of rest, given him by his nocturnal guest. The pathological lesions show themselves in 15 days after the itchiy sensations have set in. They consist of blueish or whiteish streakis visible on the commissures of the fingers—on the inside of the hands at a place opposite the carpal-metacarpal articalation—on the male sexual organs and breasts of the female—on the anterior part of the feet and legs, that of the trunk and sometimes on the face and forehead. The lesions on the inner side of the hands opposite the carpal-metacarpal articulation is diagnostic.

So is also the nonexistence of pathological changes on the *scalp* and but their rare occurrence on the face, elbows, shoulders and posterior parts of the trunk with the exception of appearing on the nates.

The blueish or whiteish streakes are noticed in the tracks, made in the skin by the parasite digging in it, whilst the difference in their color depends on the patient's natural skin.

Simultaneously with the appearance of these tracks we observe papular eruptions which soon change into eczematous or pustular sores. The eczematous spots are often interspersed with *herpetic vesicles* especially if the part affected be the nates. No other eczema than this one produced by itch will be found to be interspersed with herpetic blisters. Such intermixture of pearly vesicles must therefore be looked upon as a diagnostic sign of great value.

The treatment of scabies is limited to the extermination of the acarus. Sulphur, naphtol, balsam peru, tar and oil of bergamott together with soap and alcalines are some of the reputed means against the parasite.

The durition of the disease is variable because it never gets well of itself or by the curative powers of nature. The patient may die of itching, loss of rest and exhaustion before " vis medicatrix" would step in to cure him. There is however a slight possibility that the acarus may be starved out by accident, that is if another disease should supervene and prove to deprive the parasite of its food by producing inanition of the patient. The acarus however but rarely succumbs to starvation and on the recovery of the patient it rallies from its starved condition and becomes anew; the torment of the poor sufferer.

# Translations.

## Article XXIII.

### FROM THE FRENCH.

Excerpts from Late French Journals. By S. Pollak, M. D., of St. Louis.

Translated for the Journal.

Obliteration of Arterial Trunc in Typhoid Fever.—In case of typhoid fever, when on the twenty-fifth day dry gangrene of the left leg set in, that it had to be amputated. The author ascribes it to arterial obliteration, which depends either on cordial embolism or arterial thrombosis, caused by acute arteritis. In the latter case the best condition of forming coagulio is aided by the tardy circulation, which is caused by myocarditis. The arteries of the extremities are especially affected by it.—[Berthoud, *These de Paris.*

### FROM THE ITALIAN.

Experimental Researches on the Hypnotic and Sedative Action of Paraldehyd in Mental Diseases, by Morselli.—*Paraldehyd* was tried in 350 times in various forms of mental disorders. A full dose always produced the desired effect. In most cases three grains were followed by six or seven hours of quiet sleep. A larger dose than four or five grains was never required. When the hypnotic effect was not reached, the sedative effect was attained. Its superior advantage over chloral was also manifested by its not effecting respiration nor circulation.—[*Gazette Degli Ospitali.*

Radical Cure of Prolapsus Uteri, by Dr. Caneva.—After disinfection, the uterus is brought in its proper position by an intra-uterine sound until it is distinctly felt through the abdominal

parietes. Above the symphysis pubes the abdominal wall is opened, the parietes is divided layer by layer, the peritoneum is exposed, which is then united by a few catgut sutures with the serosa of the uterus and the wound in the wall is closed by a few sutures. The peritoneum is never opened. This is a handsome theory, but which has to be confirmed in practice.—[*Gazette Degli Ospitali.*

---

## ARTICLE XXIV.

## FROM THE GERMAN.

EXCERPTS FROM LATE GERMAN JOURNALS. By S. POLLAK, M. D., of St. Louis.

Translated for the JOURNAL.

THE MECHANISMS OF THE CHEST AND FALSETTO REGISTER.—The essential difference in the formation of the chest and falsetto notes, consists in the more or less participation of the muscles crico-arytenoidei laterales, and the stratum externum of the M. thyreo-arytenoideus. Besides in the chest register the form of the larynx is round, while in the falsetto register the area glottidis is long, aided in part by the action of the muscles of the hyoid bone. At the chest register the vocal cords increase in width, but not in length. By the contraction of the thyreo-arytenoideus internus, the muscular fibres which are inserted on the external surface of the vocal cords are driven in, the cords became thicker and less capable of vibrations. At the falsetto the stratum externum of thyreo-arytenoideus is brought into play, none of the fibres are driven into the cords, they remain thin, drawn out, and susceptible of vibration, and which in the higher notes approach the free margin of the cords.—[*Oertel Med. Zeitung.*

INTRATHORACICAL PRESSURE, as observed by J. Rosenthal (Du Bois Reymonds Arch. Physiology).—It is well known that the elasticity of the lungs causes a negative pressure within the thorax.

It is due to Rosenthal that this process can be numerically ascertained with living animals as well as with man, by the following simple proceeding: Introduce a *closed* hollow sound through the œsophagus in the posterior mediastinal space and connect it with a manometer without a communication with the atmospheric air; the monometer will at once indicate the negative pressure, which in rabbits, dogs, and cats, was 40-50 mm. With man it is best to introduce an *open* hollow sound into the stomach, connect with the manometer, withdraw gradually the sound; as soon as it passes the diaphragm and enters the thoracic space, the water in the manometer instantly rises, even up to 40-60 mm. These vibrations are also influenced by respiration and can be increased to 100-120 mm.

EFFECTS OF AIR-BATHS UPON THE TEMPERATURE, PULSE, RESPIRATION AND MUSCULAR ENERGY OF FEVER PATIENTS.—It was already known in the last century that cool air influences favorably fever patients; in modern times, thanks to the labors of Rosenthal, Senator, etc., it was brought more prominently before the profession. Experiments were made on eighty-five cases among which were typhoid and phthysical patients who were placed in a cool room, quite nude, for about 25 to 75 minutes. The temperature in the axilla fell 0.75° C. and in the rectum 0.70° C. Respiration became deeper and slower (6–4 resp. a minute). Pulse increased in volume, increased in quantity, 13 beats a minute. Besides the temperature of the room, the time of the day, duration of the air-bath, duration of the disease and the individuality of the patient must be considered. In comparison with water-bath, the latter is at least once more as effective. But air-baths never cause chills, and is attended with less labor and inconvenience.—[*Peterson of St. Petersburg.*

THE DIAPHORETIC TREATMENT IN PUERPERAL ECLAMPSIA, BY HOT BATH, BY DR. C. BREUS, VIENNA.—Liebermeister has proposed to use hot baths in Bright's disease; the same principle is obtained in puerperal eclampsia. In eleven cases the result has been satisfactory, one-tenth only occurred, probably from septic infection.

The patient is placed into a hot bath of 100° F., the temperature can be gradually increased. On being taken out she is wrapped in warm sheets and woolen cover, in order to obtain an abundant diaphoresis. Soon after bathing 1-2, dyspnœa and

œdema abate. Evil consequences have never been seen. Premature labor in pregnant women and bleeding in parturient women have never occurred. Hence, hot baths are to be given as a prophylactic in pregnancy, wherever œdema and albuminuria threaten eclampsia.

Other therapeutic measures may be resorted to if necessary, such as, narcoses by inhalation of chloroform and injection of chloral hydrate, and acceleration of delivery by the forceps or turning.—[*Arch. Gynæcology.*

EXPERIMENTS ON ARTIFICIAL COOLING AND WARMING OF WARM-BLOODED ANIMALS, BY DR. NASAROFF, OF ST. PETERSBURG.—Artificial cooling or warming of animals is greatly influenced by *age*, but not much by *size*. Well fed animals can easily harden themselves against frequent and sudden cooling off and warming up, and stubbornly maintain their own temperature. The converse is obtained in ill fed animals, hungry animals succumb after light cooling off; they endure better a frequent warming up. Their resistence to heating up is greater than to cooling off; they always perish when their normal temperature is lowered.

The same results are obtained if the cooling off is the result of intra-abdominal injection of natrum chlori.—[*Virchow Arch.*

PARACENTESIS OF THE PERICARDIUM. BY DR. BARTH.—A lad of twelve years, suffered from articular rheumatism, and acquired in the course of it a pericarditis, which assumed on the twelfth day great dimention with great dyspnœa, cyanosed face, cervical vessels much gorged, pulse scarcely perceptible, irregular and enormously frequent; cardial dullness to the right, beyond the margin of sternum and up to the clavical enlargement, so that Dr. B. had to resort to paracentesis. One of Dieulafoy's needles was thrust into the third intercostal space, three ctm. from the sternal margin, and removed by aspiration 80-100 grm. of serous fluid. Immediate enphoria ensued, and finally complete recovery.—[*Correp. Bl. Schweiz. Aerzte.*

ECTOPIA VENTRICULI, OR CONGENITAL PROLAPSUS OF THE MUCOUS MEMBRANE OF THE STOMACH, THROUGH THE UMBILICAL RING.—A boy of thirteen presented himself with a peculiar tumor

of the navel. The patient was somewhat anæmic, but otherwise healthy. The tumor was of the size of a walnut, quite red, covered with a mucous membrane, painless to the touch and appears attached to the umbilicus by a narrow stem.

The tumor was not reducible and secreted a turbid, ropy mucous, acid fluid, especially on touch. The adjacent epidermis was covered with the dried secretion.

It was first thought that this was a case of prolapsus of a coil of the jejunum, or the urachus. But careful examination of the secretion soon proved it to be the mucous membrane of the stomach His mother stated that immediately after the separation of the cord, a small red tumor of the size, shape and color of a cherry, made its appearance, protruding through the umbilical ring, which increased in size as the child grew up. It always grew larger after eating.

The diagnosis of an everted mucous lining of the stomach having been decided on, which was entirely outside of the abdominal cavity, connected with the stomach by a narrow stem only; its removal was effected by the Paquelin cautery. Recovery followed rapidly, a solid, firm cicatrix closes now the abdominal ring.—[*Ztschr. f. Chir.*

THE USE OF THE MAGNET FOR EXTRACTION OF IRON OR STEEL SPLINTERS, FROM THE INTERIOR OF THE EYE, BY J. HIRCHBERG.—Prof. Hirchberg describes an electro-magnetic apparatus made by Dörfel, in Berlin, which is very simple and easy of application, and within the power of being used by the general practitioner. He says of having removed iron splinters from the substance of the cornea, from the anterior chamber, from the iris, lens, vitreous body, in fact, from every tissue of the eye, except the retina. The ratio of successful extraction of metal splinters from the vitreous, after a preceding meriodinal sclerotomy, was one to three. But the final result for vision after such extractions was just the reverse, three to one.—[*Berlin Klin. Wochenblätter.*

INJECTIONS INTO THE OPTIC NERVE, BY PROF. PLEUGER.—He injects 2-3 drops of a saturated solution of Fluorescin centripetally, partly into the trunk of the nervus opticus (subarachnoidally), partly into the sheath of the same, (subdurally) of dogs. After two minutes fluorescence of the retina of the other eye also, was perceived, which lasted five weeks. These effects could only be

produced by direct introduction of the fluid, and not by way of the circulation. It required eight grm. at least to cause any fluorescence in the retina; a small quantity injected into the retrobulbar tissue had only a negative result. This is a positive proof that there is a direct communication between both retinas, and that through the optic nerve and chiasma which was further confirmed by *Knies* and *Horner*, who injected Prussian blue in the same manner in cadavers until the optic nerves of both eyes were stained with it.—[*Trans. Ophthalm. Soc. Heidelberg.*

---

## ARTICLE XXV.

THE MORPHINE HABIT (MORPHISMUS). From the *Wiener Medizinische Wochenschrift.* By M. J. EPSTEIN, M. D., of St. Louis.

Translated for the JOURNAL.

### SYMPTOMATOLOGY.

Frequently the first indications of morphine intoxication manifest themselves after several weeks use of the drug, while in other cases, which are rare, no other symptom can be found except the irresistable desire for the drug, even after the morphine has been administered for years.

As a rule the outward appearance is characteristic although it is dependent upon the time elapsed since the last dose. Hence, such persons change their appearance repeatedly during the day and the peculiar fact that victims of the disease recognize one another as such very quickly.

The skin is pale and flabby, the eyes dull, the carriage sluggish and inactive and in those cases, where the patients are not emaciated, they appear bloated. The perspiration is generally increased and sometime the copious secretion of clammy sweat is very striking at the first touch.

In all movements the lassitude is conspicuous to which are often added tremor of hand and tongue.

On examining the eyes, the extreme contraction of the

pupils, even to the size of a pin head, attracts attention in many instances.

The lassitude may increase, so that there will be an incoördination and uncertainty of muscular movements, mainly effecting the muscles of the legs and of speech.

The cutaneous reflex irritability is often markedly increased, while it is an interesting fact that the tendon reflexes, particularly the patella tendon reflex is frequently diminished and not uncommonly absent. They complain of itching, formication, chilly sensations.

The sexual functions generally suffer. In women the menses frequently cease and when conception has taken place during the morphine habit, abortion may occur.

The pulse may be retarded, at other time irregular. The patients show a lack of energy in everything, are gloomy and irritable and the mind weakens.

In order to obtain the indispensable drug and keep the matter secret, such individuals are compelled to resort to various methods.

Although there are exceptions, generally the statements of a morphine victim are doubtful, partieularly when referring to the quantity of morphine daily used. Often we find these patients in a condition of melancholia with a tendency to suicide, perhaps with hallucinations. Frequently we observe transient attacks of anxiety which may appear in the form of angina pectoris. Another frequent symptom is insomnia, and when the patients finally suceeed in sleeping a few hours, they do not fee refreshed and strengthened, as a normal person would. An irresistible tendency to yawn sometimes betrays the victim of morphine. The occurrence of paroxysms of fever, greatly resembling malarial fever sometimes appear. These paroxysms only disappear as long as morphine is given in undiminished quantity.

## TREATMENT.

The withdrawal of morphine may be undertaken in two ways, either suddenly, by which the patient is deprived of morphine at once, or gradually by which we slowly diminish the dose and only after several weeks do we entirely cease administering the drug. The slow as well as the rapid method of withdrawing the drug have their advocates.

A universal rule stating which method should be pursued, cannot be given, as we must be guided by the constitution of the individual.

In strong healthy persons whose heart action is normal, the sudden withdrawal is preferable mainly because the sufferings of the patient are shortened.

In the method of gradual withdrawal there appear already at the first diminution of the dose discomfort and symptoms of morphine hunger and finally when we have arrived at the complete withdrawal, they frequently become as violent as after sudden abstinence.

When the method of gradual withdrawal is recommended for enfeebled and emaciated individuals it is for the reason, that during the period of gradual decrease of the morphine dose we have an opportunity to watch the condition of the patient, so that the symptoms produced by the abstinence do not become dangerous, and that collapse may be prevented.

Another advantage of the sudden withdrawal method consists therein, that as a rule after two or three days of abstinence, such great relief occurs, that the patients again get courage, and willingly submit to further treatment.

By the gradual method we have trouble with the patient for weeks, they more or less vehemently demand a larger dose of morphine, and ultimately we are not unfrequently compelled to interupt the course of treatment mainly on account of the patients opposition.

A third method of withdrawal would be a much more protracted course, which would last six month or a year. But this method is impracticable. When the victims of morphine have difficulty in finding sufficient courage and perseverence to subject themselves to a course lasting four or six weeks, we can take it for granted that they cannot endure such a systematic diminution of the dose for six months or a year, and certainly during such a long time numerons circumstances (pain, grief) will occur, which will make an increased dose desirable.

That the extremely strict supervision during such a long time can be enforced only with difficulty, is very plain.

When the morphine disease is not of a high degree, particularly when continued uninterrupted employment of the drug has been of short duration, then it can happen that the individual possesses sufficient moral courage to break himself of the

habit. Usually the patient alone cannot succeed he must have medical assistance and although he may faithfully promise to abstain, the possibility of his obtaining the morphine during the withdrawal course must be avoided.

Not in all cases does the period of abstinence present the same symptoms. At first there is anxiety and restlessness, the patients feel feeble and faint, the symptoms increasing usually reach their acme in 24 or 48 hours (at most three days) where they remain for one or two days and then gradually diminish until in 8 or 14 days a fairly normal condition has taken place.

The excitement may reach complete delirium, the patients scream, fight, try to climb the walls, attempt suicide. For hours and even for half a day they continue to make the same movements, mostly with their legs. Hypersecretion of most glands and an irritable condition of all mucous membranes is generally present, therefore a mucous discharge from the nose, sneezing, lachrymation, profuse perspiration, salivation and especially severe diarrhœa—uncontrollable vomiting, during which surprisingly large quantities of watery fluid are ejected from the stomach. There is complete loss of appetite, while the thirst is increased.

Frequently patients complain of an intolerable itching alternating with sensations of heat—there is hyperæsthesia of skin with enormously increased reflex irribility—the patient shrinks together when approached—circumscribed neuralgia appears, especially backacke, pain in arms and legs.

When the restlessness is marked, hallucinations occur with tremor of hands and tongue, and nystagmus.

The morphine delirium vanishes after the adminstration of morphine and barely lasts longer than 48 hours.

A constant symptom of the period of abstinence is insomnia which lasts four or five days and cannot be controlled by any remedy.

The worst and not an uncommon accident during the period of abstinence is a sudden and intense collapse, which may appear without any premonitions and at a time when the patient feels comparatively well (even as late as tenth day after withdrawal) and all the bad symptoms had disappeared and strength had been regained.

We imagine the patient is convalescing nicely when after a

brief indisposition he suddenly becomes unconscious; the pulse barely perceptible, the heart pulsations retarded.

Even though the immediate employment of morphine injections cause the symptoms if collapse to disappear as a rule, and patient recovers himself again, a number of cases die. It may happen that the collapse happen during sleep and therefore the proper assistance is not on hand.

As soon as possible the patient should be strengthened. During the first days of abstinence little can be done, but as soon as nourishment can be borne, administer milk, eggs and beeftea; alcohol in large quantity, several bottles of Bordeaux or Rhinewine in the course of a day, a teaspoonful of cognac occasionally, are beneficial. Warm baths from 5 to 15 minutes duration several times daily are invigorating. The vomiting and diarrhœa are generally uncontrollable—for vomiting, always give small pieces of ice, which allay thirst at same time.

As sedative remedies bromide of potash and aqua laurocerasi are used; but both must be employed cautiously. In order to procure sleep during the first days of abstinence, all remedies are insufficient. If sleep does not return in three or four days, we employ hydrate of chloral, Cannabis Indica.

FORENSIC IMPOTANCE.

It is remarkable that those addicted to morphine usually lack veracity. It has already occurred that somebody who was discovered in the act of stealing, vindicated himself by stating that he was a morphine eater and therefore not responsible. In such cases it is easy to convince ourselves of the truthfulness of the statement. If the individual after several days of abstinence does not present the pronounced symptoms of morphine hunger, his statement is false.

During the period of abstinence when the symptoms of morphine hunger are marked, more especially the delirium, the patient must be considered totally irresponsible, and cannot be accountable for all of their actions.

# Clinical Lecture.

## Article XXVI.

The So-called Inflammatory Flat-Foot. Extracts of a Clinical Lecture Delivered by Edw. Borck, A. M., M. D., Prof. of Surgery in the College for Medical Practitioners of St. Louis, Mo. [Reported for the Journal by H. Marks, M. D., of St. Louis, Mo.]

Gentlemen: We meet occasionally with patients that have complained for some time of intense pain in their feet, when walking; if such has continued for any length of time, this function will almost be unendurable.

If we examine the feet of such patients, we will observe a shape of a pes valgus et planus either upon both or more or less upon the one and the other. Flat-foot, as we know, may be congenital, caused by an abnormal position of the fœtus; it seldom depends upon paralysis. This last may produce an equine flat-foot, also the rachitic curvature of the leg may add to this. The foot turns outward without being flat at the same time.

The equinus flat-foot may also be produced by fracture of the malleolus, if bony union has not taken place, and by any injury of the bones of the feet and joints.

But that form which we have chosen to-day, has nothing to do with the above. It is the so-called inflammatory flat-foot, which the French so properly call "*tarsalgie des adolescents.*"

This disease is of great importance, first, because we meet it so frequently; and second, because it is so often overlooked, even by many expert practitioners.

The diagnosis made is either ostitis, or neuralgia, or rheumatism, and it may be that such poor patients will suffer for years. Nevertheless, the diagnosis is easy enough, as we shall see.

The conditions of a so-called inflammatory flat-foot consists of, that in a young person, at the time of nearly completed growth, a turning outward of the foot with flattening of the sole takes place, accompanied with great pain.

The consequence of this position if it remains, are a heavy, dragging walk, ready fatigue and sometimes a curvature of the knee (genu valgus position), and besides this ugly appearance, other disturbing functions may remain. For it is well known that a person with flat feet is not fitted for a long continued walk.

However, before we study the etiology and the symptoms of this evil, let us examine the change of form which takes place in a flat-foot. We have to distinguish two positions of the foot: The *pes planus* and *pes calgus*, by the first we understand the lost arching of the *planta pedis*. Now if we inspect a normal foot, we find that only certain points of the sole come in contact with the floor; these are the calcaneus, (os calcis) the head of the metatarsal bones and on the outer angle the fifth metatarsal bone with the whole length; and the toes, "according as they possess a more or less physiological shape," rest upon more or less points upon the floor. The arching of the foot is highest on the inner edge; it ascends from the os calcis to the scaphoid, and from here descends to the metatarsal phalangeal joints of the great toe.

This arching of the foot is maintained by the shape of the wedge-like bones, (os cuneiformii). Also by strong ligaments which assist the capsules of the small joints and are inserted from the os calcis into the cuneiform, and from the astragalus into the scaphoid. And also by the muscles, of which the tibialis posticus is the most important, next the flexors of the toes (long and short) and perhaps the adductor of the big toe. Beside this, the plantar aponeurosis shares a good part, which is stretched like a tendon across the flat bow of the arch of the foot. It is very strong and is inserted in the os calcis and united in front with the cap of the meta-phalangeal joint, and sends fasciae-like continuations deep between the muscles, and those running towards the large toe are the strongest.

The plantar aponeurosis stretches itself very strongly at the moment when in the act of walking, the heal is lifted up and the leg with the whole weight of the body is bending forward. The main weight rests only upon the heads of the metatarsal bones and the toes, the first metatarsal bone carries the most. In this movement the extensive tension of the aponeurosis, which is the most energetic upon the inner edge, must of course assist the arching of the foot. Now if in this described position, strong weights were placed upon the foot and the plantar aponeurosis cut clear across, then the arching of the foot will be flat-

tened, which proves that the aponeurosis, by its tension prevents that the smaller joints of the foot with the greatest weight, does not reach the highest degree of extension, but that that takes place the moment the function of the aponeursis ceases.

Now in flat-foot the arching of the foot disappears, the sole of the foot rests upon the floor, and the foot seems to be broader; the dorsal side is flattened and the toes appear enlarged and rest with their whole length upon the floor. Again, the normal foot has a slight turning outward, while in flat-foot we will have an abduction. And in a well developed pes valgus there is an inward turning of the axis of the foot (pronation) in addition.

If we examine more closely we observe in the neighborhood of the tarsal bone, a projection; this is the head of the astragalus, for the os scaphoid has been completely shifted towards the out side, and the planes of the joint of the astragalus are free upon the under side.

Then a projection of the internal malleolus and the process of the posterior calcis bone, producing thereby a tension of the tendon Archillis, upon the outside projects the tuberosity of the fifth metatarsal bone, and in front of the malleolus externus is a depression, and upon the dorsal side of the foot the tendon of the extensors are very distinct (mus. ext.: hallucis and tibialis anticus).

If we now try the movability of the foot in the different physiological directions, we will observe that they all seem to be impaired. We cannot produce adduction and supination and if force is used the patient experiences intense pain. Flexion and extension have suffered, the movements between the astragalus and calcaneus seem to have ceased entirely. If such patients stand erect, abduction of the foot is more prominent, so the flattening and the appearance of the breadth of the toes is more marked. The foot is cold, the veins upon the foot and leg are relaxed. The muscles are not well developed and react or answer the inductive current slowly.

It is important and interesting to study the etiology of an inflammatory flat-foot, for upon that turns the question, how is a *pes valgus acquisitus* produced? The older authors attribute it to the relaxation of the ligaments; others again are of the opinion that paralysis and contraction of the muscles are the cause, and some claim that ostitis is.

I think, however, that the easiest way to arrive at an opinion is, to review that class of patients in whom we meet with inflamma-

tory flat-foot. And we will first notice that this affection occurs mostly in persons, before the full development of the skeleton. In young children this affection is exceptional; the time about puberty gives the largest percentage. Youth in the different employments, as waiters, message, cash and bell boys, who have to walk a great deal are prone to it. In the female we meet with this complaint in young servants, such as have to carry children. In the better situated class it is met with less frequently and when it does occur the cause is obscure.

But it is admitted by all that those who are continually engaged in walking are easiest affected and suffer most. If a flat-foot is developed during a later period of life, which is also exceptional, the patient is generally under thirty years of age, with weak constitution; the individual has probably changed at once from a sedentary to an active business, and in addition is predisposed to it by inheritance. This affection also prevails among many machinists, but as we know that isolated use of any muscles or set of muscles rather increase than diminish their strength, there may be a transient relaxation or tiresomeness by over exertion, but it does not produce paralysis.

Let us also observe that ostitis cannot be the cause, for in all such cases we never meet with suppuration of the bone. These persons afflicted with flat-foot have as a cause, besides their youth, the excessive use of the muscles, such as going up and down stairs all day, and conveying heavy weights, burdening their feet with the weight of the body and the object they have to carry.

(Here I will call your attention to the fact that persons predisposed to flat-foot are generally of a tender constitution, with relaxed nerves and badly developed muscles, and by the slightest exposure to cold, their hands and feet turn blueish and they become easily affected with frostbites.)

The excessive weight and exertion of the body in long continuate walking, must take place at the expense of all the muscles of the lower extremities; the knee joints as well as the ankle joints are implicated at the same time. And thus we will meet also with genu valgum in such persons, but as the knee does not carry the whole weight of the body, therefore it is not implicated as often as the foot.

In the walking as well as in the standing positi on, no doubt all muscles take (equal) active part. Only in certain occupations,

certain groups of muscles are more exercised than others; and do we not all, in the act of walking as well as in certain fixed positions, use one set of muscles first and then the other set, for the purpose of giving the first set rest? Now in young persons this change of position is very frequent because the muscles are not capable of long endurance and a part of their power is appropriated to *fix* the more movable joints. We may conclude from this, that the position of flat-foot is not produced by the tiring out of one or the other set of muscles (adductors and flectors), still less by a different innovation of the same, but that flat-foot is developed by excessive use and exertion of all the muscles. Then the weight of the body acts alone upon the foot and so presses the foot down. And let us not forget that as a rule we have to contend with persons of but very little muscular development, and where the muscles refuse to act and leave everything to mechanical pressure.

When the muscles have once lost their action, then their function to keep the joints in their normal position will be transferred to the ligaments (capsular ligaments and aponeurosis) which latter, as we have seen before, greatly assist the arching of the foot in the act of walking.

But as soon as the posterior tibialis muscles cease, that movement, the foot will show a disposition to turn outwards. A slight abduction of the foot is normal and as the weight of the body increases, a more outward turning is preferable to equalize the weight; this we may observe in corpulant persons. Then in deficient muscular power the foot will turn outwards and at the same time the ligaments have to exert themselves to their maximum length. But in just those persons that we speak of, the power of the ligaments will soon give way, the bones alone remain to resist and when this latter ceases, a flat foot is developed. And a complete flat-foot (pes plano and valgus) can only be produced by change of position of the joints and shifting of their planes, and this again demands a change in the form of the bones. By this we see that the flat-foot is produced gradually, and may remain at any time stationary at that point where the internal influence of its production ceases to exist. Then our explanation of the cause of flat-foot is, in short recapitulation, as follows: Predisposition in youthful persons. A general muscular debility, and in consequence of unusual exertion in walking or in standing too long in the erect position, a general

insufficiency of all the muscles will be produced thereby; for a while the weight of the body will be carried by the ligamenteous apparatus of the foot, then this will give way and then the planes of the joints will press upon each other in an abnormal and perverted condition. As soon as this has taken place the so-called inflammatory symptoms make their appearance. We will have first pain, produced by the motion of the foot and pressure upon a single bone, but swelling is seldom observed.

Some authors have tried to give pathological anatomical reasons that ostitis must be the cause of these disturbing symptoms.

Now it is true we have pains and they are oftentimes unbearable, no wonder that they will accompany this progressive evil. But they are not constant in one and the same joint; in many cases the pain affects the joints in rotation. First, pain is complained of at the astragalus and scaphoid joint, and and metatarsal and pharyngeal joints; then follow the talo-calcaneous joint, then the peculiar pain in the heel, (os calcis) and once in a while in the ankle joint; but as I mentioned before, in many cases only one and the other predominates and in some cases the pain in the heel is the only symptom.

The pain so produced, we observe, corresponds precisely with the changes previously produced in the joints, that is the shifting of the planes of the joints against each other. With this shifting of the planes of the joint against each other. With this shifting or displacement, pressure is produced upon certain joints of the bones, which otherwise would not receive such pressure, and a continued abnormal pressure must necessarily produce a change in the bones and thus produce pain. The pain in the toes and metatarsal joints are produced by the stretching or extension of the toes in the development of flat-foot, and at the same time the metatarsal bones separate from each other in consequence of the loss of arching and thereby the foot becomes so perceptably broad.

In the astragalus and scaphoid joint abduction takes place early and then a shifting of the rotating between the astragalus and os calcis is infallible or unavoidable and the inner side of the os calcis, which is not used to any pressure, will meet the floor, and so produce pain. The rotation of the os calcis is often accompanied with a posterior displacement of the same, and in this manner a dislocation of the tendon Archillis outwards is pro-

duced and eventually a high grade of tension of the tendon. If the pes valgus continues to progress in its delelopment then the astragalus will be pressed more severe against the inner bones of he ankle joint, and thus the pain is here produced. The point the internal malleolus sometimes produces a kind of joint cavity upon the plane of the astragalus, and this again will produce pain by pressure in the commencement.

Other authors again have described an exudative inflammation of the joints; however, this is very rare. The joint may change in form and position, but a suppurative flatfoot has never been observed. If such does occur the explanation must be different We have no active inflammatory process, but a passive process, a process of regressive metamorphosis, we have before us. The change of position in the joint can only be brought about by the pressure produced. Exactly so with the accepted ostitis which may be described as an atrophy of the bones, produced by pressure, and consists of a rarefaction of the tissue of the bones, upon an enlargement of the spaces of porous parts of the bones, also in an osteoporose (induration) which is produced by an active endosmosis in the same way as they are produced anywhere by abnormal pressure upon tissue. It is well known that by by change of weight upon the bones, it is possible to change their form and upon the whole art of orthopædic. I believe that the influence of orthopædic apparatuses upon the substance of the bones, that is production of an osteoporosis by orthopædic treatment is more intense, than, as a rule, we suppose it to be; for with orthopædic apparatuses can be produced a considerable, although transient osteocele (brittleness of the bone fracture).

Where one has to deal, as in the development of flat-foet, with the young, there the abnormal weight upon the bones will very quickly produce osteoporosis, followed by change of form of the bones, and that is the reason that we see flat-foot produced in a very high degree in comparatively a short space of time. But this osteoporosis never produces suppuration, as already stated, and this alone will justify us to drop ostitis.

If flat-foot is not connected, an abnormal joint will remain exactly like an old luxation, in pathological luxation of joints or like joints after resection, we see reproduction of the same. Those parts of the joints which have lost their function will atrophy and on those places where a new and constant friction

takes place, new cartilages are formed, and in very old flat-feet we find anchylosis.

In this, however, we may often be deceived, for the patient will fix the joints by muscular exertion, to prevent painful manipulations, the same as sn infflammation of other joints. Besides a flat-foot may became fixed into its newly acquired position, without anchylosis, this may take place at any time the pain leaves, the pain ceases; thus we have a constant flat-foot. The owner of snch feet cannot walk for any great length of time, is easily fatigued, and by over exertion, pain is produced. The walk will remain inæsthetic, dragging, non-elastic, for the patient will step forth upon the whole broad sole of the foot at once, and the elevation of the os calcis and the momenteous stepping upon the head of the metatarsal bones is impossible. The temperature of such feet are below normal. Occasionally we will meet with persons so afflicted, that are able to perform long exertions. When such is the case the process must be complete, the muscles must have regained their tonicity, the ligaments and bones must have been fixed in their new position, and these are the cases where we find anchylosis.

We will take up the treatment in our next lecture. In the meantime please study these drawings and casts, which I will eave here in the room, and recollect the cases I presented to you on a previous occasion; also try to remember and reflect upon similar cases that you may have met with in your practice.

I thank you for your attention.

[TO BE CONTINUED.]

# Proceedings of Medical Societies.

## Article XXVII.

## ST. LOUIS MEDICAL SOCIETY.

Taken by the Journal's Stenographic Reporter.

Saturday May 26th, 1883.

### Obstruction of the Intestine.

Dr. Meisenbach.—I have some specimens here that I would like to show the Society. The first one was sent to me yesterday, by my esteemed friend and preceptor, Dr. E. P. Cook of Mendola, Illinois. I saw the case about a month ago, and being very interesting, I desired him to send the specimen to me, which he has done. I may not be able to give a full history of the case, but will give the facts as far as I know them in connection therewith. The patient from whom this was taken was a woman about 35 years of age. She was the mother of quite a family. Her previous health had not been the best, yet this ailment began last fall. She had been attended by what we would call a quack who had treated her for ovarian and uterine disease, the case having come into the hands of Dr. Cook about March. He found at that time that there was a tumor occupying the left inguinal region, that this tumor was well defined, and it was owing to this fact, I presume, that the other physician had been treating her for ovarian disease. She had at times vomited fecal matter. He came to the conclusion that this was a case of obstruction of the bowels, the true nature of which, at that time, it was impossible to determine. The condition of the patient was such that very little could be done in the way of remedies. A pus cavity formed at the site of the tumor, which was opened, and it was possible through this opening to pass a probe in various directions.

The patient died much emaciated and upon making an autopsy it was found by careful examination of the abdominal muscles, that this tumor was adherent to them; it was found that the parts were much displaced, the peritoneum was normal with

the exception of the agglutination which had taken place at this point (indicating). The whole of the transverse colon was displaced occupying the hypochondriac region—it being pulled down, and also adherant to the stomach which occupied a vertical position, the position occupied by the infant stomach at the time of birth and for a few months after. Upon carefully dissecting away these parts this condition was found as I show it. The liver was somewhat enlarged. Now the question arises what was the character and cause of this obstruction. Could there have been anything done to remove it; and with a hope of saving the patient's life. The subject of obstruction of the intestine is a very complicated one and the causes very numerous, yet from what I see in this case I am led to believe that this obstruction is due to malignancy. I have not got through examining it microscopically, but that is probably the cause of the trouble. Before the bursting of the abscess there were symptoms of suppurative fever. In all probability if this was a malignant growth it was formed somewhere on the transverse portion of the colon, and secondary inflammation setting up it became agglutinated to the stomach, and gradually dragged the parts downwards; pus was formed which getting between the peritoneum and abdominal muscles, gradually worked its way along until an external opening was made. I have attempted to give you as near as possible the relative position of the parts. Dr. Bernays asks me whether the patient ever vomited blood. So far as I know she never had. I will state that Dr. Cook diagnosed the obstruction and attempted to remedy it by large injections, and he partially succeeded, a great mass coming away. The question that would arise would be whether it were advisable in such a case to perform colotomy, but there is little doubt but what it would have killed the patient, if it was a true malignant growth and no good would have been gained, and furthermore it is acknowledged by a great many surgeons that the results in colotomy are often times as bad as the original trouble, that the life of the patient is made very disagreeable by the artificial opening, and that perhaps death is preferable to the secondary condition.

DR. DICKINSON.—I have a single observation to make. Some three years age a relative of mine was attended by a physician and I understood that his diagnosis was an impacted colon.

At that time it seemed to me to be a rather queer term, I didn't comprehend it. A short time ago I remember reading of a case in which that condition of things existed, where there was an entire cylinder of indurated fecal matter, the centre of which was pervious; the proper contents of the intestine found their way through the centre of this cylinder. In one case this cylinder is said to have been thirteen inches in circumference and so hard that it had to be delivered with the forceps.

Dr. Pollak read a paper on jequirityc ophthalmia which was published in the July No. of the St. Louis. Medical and Surgical Journal.

DISCUSSION.

Dr. Dickinson.—I think you have rightly denominated this very interesting paper. This is a new remedy, and one that I have never tried. The doctor was kind enough to bring it to my attention a week or ten days since. I recollect some time ago seeing it reported in the medical journals, but I thought it was probably like a good many others which have no real merit and I gave it no further thought. It is a well established principle that none of these caustics when used in the eye act as caustics, that they do not destroy the tissue, but simply act as stimulants of the vaso motor nerves which induce contraction and thus diminishes their caliber and hence diminution of the sclerotica and induce absorption. I think the paper was a very excellent one, and I shall certainly make use of the remedy as soon as an opportunity presents.

Dr. Williams.—I will say that I am very much obliged to the doctor for the paper. It is a remedy with which I have had no experience at all, but I shall take the first chance to use it and I hope that it will sustain the reputation that it seems to have obtained already. I have long since learned to go slow on new remedies, especially those that are a certainty, but I shall take great pleasure in trying this the first opportunity that I have and will report the result.

**Aneurism of the Arch of the Aorta.**

Dr. Love.—Mr. President and gentlemen, last evening I was called to what was reported to be a case of fainting on the part of a lady. On reaching the house I found that they had carried the patient inside from her front door step, the place at

which she had fallen and laid her on a bed. I found her dying and whilst I was there death occurred. The case was quite interesting to me. I though at first it was a case of syncope and that stimulants might arouse her so I injected hypodermically sulphuric ether and instructed them to give stimulants per rectum, but after a time I left the case telling the neighbors to notify the coroner. The lady had been left only the day before by her daughters, they having gone south on a visit so that she was entirely alone in her house, and I could get no history of her case. I sent to the coroner and asked him to please notify me of the time of the inquest as I was anxious to be present, as the case was quite interesting to me. He did so, and on reaching the house, the coroner not having come I conversed with the sister of the lady, who had just arrived from the southern part of the City, and I questioned her regarding the previous history of the patient. She said that she had been well up to a day or two, had had no sickness that amounted to anything. She remarked, however, that she had suffered for many years with palpitation of the heart, that the least excitement would produce such palpitation of the heart as to cause great discomfort and that for the past year or two she was more than usually excitable in that way, so that she couldn't indulge in any great amount of exertion for the same reason. The coroner then arrived, and I gave him as my opinion that the cause of death was probably some trouble of the heart or had something to do with the heart. We proceeded to examine that organ first. On opening the cavity we found the pericardium enormously distended. We cut into it and found that the distension was caused by bloody serum and clotted blood. This mass was all thoroughly removed the pericardial sac cleansed, and a close inspection made, and over the arch of the aorta was found a small opening about the size of a pea and this explained the whole case. The aorta was very greatly distended and it was very evident that there was an aneurism of this vessel. The heart was then carefully removed and after removal the valves were exposed and found to be in reasonably good condition. The aorta connecting with the ventricle was opened and an examination was made of the inner surface at the ruptured point, and it was found that the inner coat had given way first and had been dissected up to a very large extent, the surfaces of the inner serous coat and the outer coat of the artery being almost completely separated through-

out the entire extent of the aneurism and opening. Then the external layer was found to be slit. I secured the specimen and present it for your inspection.

**Cancer of the Rectum.**

Dr. Dean.—I have had within the last few days at the city hospital, two deaths resulting from cancer of the rectum; I have brought but one pathological specimen, but will report the two cases as they are of more interest reported together. J. L. was admitted to the hospital on April 26th., 1882. He said that he had piles, "torn out" were his words, removed by a doctor in Denver. On examination it was evident that he had no piles at all, although he may have been operated on for that disease. It was to all appearances a cancerous growth, which included the anus and seemed to extend beyond it, outside the integument, and as far as the finger could reach inwards. The anus was thoroughly closed, and the stools ribbon shaped. There was considerable suppuration going on. The man had a history of syphilis, he had had syphilis some years before, apparently of a very bad type. I gave him the benefit of the doubt. He entered on the 26th. of April and we treated him until the 14th. of July, giving him as much as an ounce of iodide of potassium per day, but while his general health improved somewhat the tumor was worse, so we concluded to put him upon the table under anæsthetics with a view to an operation. He had consented to be operated upon but when it came to the time for operating he refused to allow it. It was found, however, that the tumor extended further than we could reach, the usual rule being that so long as we can reach above it with the finger, where it does not cover too much surface, or is not too intimately connected with the bladder, we may still operate. He would consent to anything but colotomy, so that he was placed under an anæsthetic and I used the curette and enlarged the opening in every direction, and it was owing to this that the man was enabled to live five or six months longer. He was brought from under the anæsthetic, and we treated him with more or less success until May 16th., when he died. A post mortem examination showed that the cancer had broken down in the anus. The man died simply from exhaustion. I should have stated that about August 31st., he complained of more pain than he had suffered previously, and the urine passed directly through the rec

tum. The other case is interesting when taken in connection with this one.

C. L. was admitted to the hospital on January 5th., 1883. He said that three weeks before that he was taken with pain in the abdomen, about the median line, a little below the umbilicus and was given physic, with slight action of the bowels, he still complained of pain. I was called to him and examined him in conjunction with an assistant, and found that just above the internal sphincter there was a constriction across the gut. When he was admitted to the hospital a dose of physic was administered, and the bowels moved. I think that was repeated once more. At this time the symptoms had not developed anything remarkable. This was before the examination had been made which revealed the constriction and the patient went away on January 17th. On May 2nd., he was readmitted and still complained of constipation. He said he had not had a passage for several days. He was again given physic and then upon an examination this constriction was found. There was retention of urine, the bladder being filled to overflowing. The catheter could be passed without difficulty except when we reached the prostatic urethra when it required considerable manipulation and turning of the catheter to get it into the bladder. From the examination I became satisfied that there was a cancerous affection of the anterior wall of the rectum, and that the bladder was probably implicated, I was not certain as to the extent to which the prostate gland was involved. I could feel no enlargement except the general enlargement. On making a post mortom we found the cancer as I suspected. The patient had had uraemic symptoms for several days, and when we made the post mortem we could find only one kidney, and in order to ascertain positively whether the other had disappeared or not we followed up this kidney and found that there was but one renal artery, one renal vein and ureter, but before this was discovered the other side had been somewhat disarranged, so that in the lower part next to the tumor we could not ascertain whether there was any ureter present or not. The ureter passing from the left kidney passed through this tumor and was very much compressed, and on examination of this portion of the bladder after removal we found the opening for the other ureter through which the probe will pass. Unfortunately it was cut off close to the bladder and the tumor cut through and I don't know to what extent this

ureter extended. It has occurred in my experience once or twice at least that in case of the congenital absence of one kidney there were two ureter, or rather there was a rudimentary ureter on one side, and there have been several cases recorded where two ureters existed both from one kidney, the one kidney being on one side. In this case I am of opinion that the one kidney is the result of a coalescence of the two kidneys. There have been one or two cases reported where one kidney passed over to the other. In this case I am satisfied that it was simply a rudimentary ureter, certainly there was no kidney off the right side, and that kidney was evidently the result of two kidneys as there was but one renal artery and one renal vein. The kidney, I should have stated, is lobulated somewhat like an embryonic kidney and is larger than usual.

Saturday, June 2nd, 1883.

**Milk and Milk Culture. By Walter Coles M. D.**

The subject of milk and milk culture may be by some considered more appropriate for discussion by an agricultural society, or association of dairymen, than before an assemblage of medical men. But there are many reasons which render it not only proper but highly imperative that an organization such as ours should consider this great question in its important relations to the hygiene and wellfare of the entire community. For although milk is the first food upon which the human race depends for sustenance, and without which it would eventually become extinct, it is remarkable to what extent the general public is disposed to underestimate its value as a food, and to impute to it in its best estate fallacious and injurious qualities. There can be no doubt however that much good may be accomplished by an intelligent discussion of this subject at the hands of physicians, and through them much general enlightenment may result, which will eventually add materially to the health, happiness and prosperity of our people.

This is eminently a practical subject, and should be treated in a practical manner. It is also a subject of such broad proportions that it will be impossible to embrace the whole in a paper of any reasonable length; hence I shall attempt only to advert briefly to a few points of especial interest. It is unnecessary to

do more than call attention to the composition of milk, which we all know varies in different animals, and in the same animal under variations in food, climate, hygienic surroundings and length of time since parturition. And since this paper is mainly devoted to the consideration of cow's milk, we will speak only of its composition as compared with that of woman.

Since the infant is more indolent and requires greater warmth than the calf, the food of the former is richer in hydro-carbons and contains less nitrogenous and saline material than that of the latter. In each of these two fluids we find the ingredients in proper proportion and exactly suited to the wants of the young child and calf respectively. Cow's milk needs to be somewhat diluted and sweetened at first to adapt it to the human infant, but after the lapse of six or eight months it may be gradually taken in its pure state, and from thence onward during the remainder of life no article is more universally suitable to the nutrient wants of man. Under healthy conditions, milk may be said to be in its most typical state at the moment it leaves the mammary gland. Indeed it is not intended by nature to be exposed to the air, but, as Prof. Sheldon remarks, "to be conducted as directly and speedily as possible from the milk ducts of the parent to the stomach of the offspring". The drawing of cows milk into vessels and its preservation for the use of man is therefore an artificial device, which although as old as the hills is but in its infancy, as will be manifest when we come to compare our present knowledge with the crudities of the past and at the same time look forward to the great possibilities that are looming up for the future. This great problem can never be worked out successfully however through a chain of mere domestic aphorisms or homespun maxims ; the crystalizing influense of enlightened science is as much needed to perfect the dairy business as in that of mining, assaying, telephoning, or any other pursuit that may be mentioned.

Let us glance for a moment at the progress which has been made of late years in the milk producing capacity of the cow. We are all familiar with the fact that by careful breeding and training always having an *eye to the fittest*, the race horse of the present day far outstrips his forefathers; but this falls far short of illustrating the immense strides which have been made in the milk giving possibilities of the cow. In certain sections of Europe where dairying has been long conducted upon a more

enlightened basis than with us, the herds of cows have nearly doubled the milk product of thirty or forty years ago. Many farmers in Great Britain and Denmark keep careful records of the daily yeild of each cow, and thus they know at the end of the year exactly what the capacity of each particular animal is, as regards both quantity and quality of milk. A generation since, 450 to 500 gallons of milk was considered a fair average for a good cow between calving and calving, that is to say, for the space of ten or eleven months; yet there are authentic records to show that the cows on some of these same dairies now produce from 800 to 1000 gallons, and in many instances even more. Mr. Jenkens of the Royal Agricultural Society, London, in illustration of the foregoing, mentions a Danish farm upon which the records of about 220 cows have been kept for many years back. In the year 1841 the average yield of butter was 88. 84 lbs. per head, and the yield of cheese 93½ lbs. In 1880 the yield of butter on the same farm was 195½ lbs. per cow, while the yield of cheese was 255½ lbs. At a meeting of the Farmers Club at the Inns of Court Hotel, London, in 1881, Mr. Tisdall produced the record of ten cows averaging nearly 13 quarts of milk per diem, or upwards of 1200 gallons during the milking season. By making a little calculation it will be seen that these 10 animals furnished 120.000 lbs. of milk in one year, and at the end of five yeas the yield would be 600.000 lbs, or six hundred times there own weight, while the animals would have lost none of these intrinsic value for the butcher.

There figures sufficiently illustrate what a vast field there is in the State of Missouri for the cultivation of a most remunerative industry, one which will not only affect the pockets of the citizens both directly and indirectly, but which will in time impress its influence upon the health and stamina of our people. Such results can only be attained however by patient industry and enlightened experience. The cow may he regarded as a most sensitive living machine, and like all delicate machines must be handled by one thoroughly acquainted with every detail in order to develop her fullest capacity. The public ought to know, and in no way can it be more efficiently taught than through physicians, that milk may undergo unwholesome changes even before it leaves the udder, and sometimes, owing to apparently trivial circumstances. Instances are not wanting in which the chasing of a cow a few rods by a dog has had the effect

of changing her milk, disposing it to premature curdling and decomposition; not only is this the case with the milk of this particular animal, but when it is poured into the pail with other milk it will speedily leaven the whole. Experience shows that the cow is in these respects similar to the human female, and the close study and practical observation which has been bestowed upon the pathological physiology of cow's milk is peculiarly interesting to physicians in this point of veiw. In his treatise on "American Dairying", Arnold states that "occassionally brutal severity and fright affect a cow so much as to sicken the calf which sucks her milk". In all such cases milk spoils rapidly and its composition is changed. But little fat is formed in it, while sugar and casiene almost entirely disappear, their place being supplied by an imperfect secretion of albumen. Similar deleterious changes are wrought in milk by rapid driving and overheating, feeding with swill, drinking stagnant and filthy water, exposure to the hot sun etc. In order to keep milk up to the standard therefore, it is essential that cows be treated with every consideration which enlightened humanity can suggest. They must be shielded from the extremes of heat and cold, kept clean, and above all provided with proper food and drink.

It would be perhaps out of place to dwell at greater length upon the treatment of cows as a *sine qua non* to the production of good and healthy milk. And yet these matters are full of practical interest and of the utmost importance, not only to physicians, but to the community in general. We therefore pass to a further consideration of the constituent elements of milk and of some of the means by which this fluid may become so changed and contaminated as to render it worthless, or even dangerous for human consumption.

As before remarked, nature intended that milk should be taken immediately from the udder into the stomach of the consumer, and hence it is only by great care and intelligent treatment that the lacteal secretion of the lower animals can be preserved for the use of man. It is eminently a transition compound and is liable to changes of composition as soon as exposed to the air; these changes progress very rapidly in warm weather, or in milk which has not been allowed to cool. When, however, it is cooled down below 60° and allowed to remain at that temperature, milk may be kept fresh and sweet for several days.

Unstable as this fluid appears to be, it does not usually perish from any intrinsic decomposition, but rather through fermentative influences conveyed in the atmosphere.

The rerearches of Pasteur, Lister and others prove that the air we breathe is filled with organic germs which set in motion the process known as decomposition, and from the construction of milk, it is of all fluids, one of the most favorable for the absorption and development of various forms of bacteria. As a proof that decomposition comes from without rather that from within, it is a well known fact that when scalded so as to destroy all organic germs, milk may be sealed in cans and preserved perfectly for years. The greediness with which this fluid takes up all kinds of atmospheric impurities is truly astonishing. Arnold remarks that the peculiar smell of a room in which milk stands, is indelibly impressed upon all butter made by it. A few puffs from a pipe or cigar will scent all the milk with which it comes in contact, and a smoking lamp will have the same effect. "A pail of milk standing ten minutes where it will take the scent of a strong-smelling stable, or any other offensive odor, will imbibe a taint that will never leave it." Such being the case, it stands to reason that milk should only be stored and handled in such an atmosphere *as it would be safe to live in.* When kept in a close, foul cellar, we can easily perceive how this invaluable element of daily use may become the carrier of most deadly poison. To show that this is no mere theory, but an important fact, well worthy of our attention, we may refer to the *London Milk Journal*, the *British Medical Journal*, *London Lancet* and other equally reliable sources for specific instances where milk that had stood a short time in the presence of persons sick with typhoid fever, small-pox, diphtheria, scarlet fever, and other contagions, has spread the disease as effectually as though the persons themselves had been present.

Sooner or later the test tube and the microscope will have to be brought into general use wherever dairying is conducted on thoroughly progressive and scientific principles, for it is only by a system of constant espionage and inspection, that milk can be kept up to the standard, and both the producer and consumer taught to know what one should sell and the other buy. When we consider the ignorance, gross carelessness and fraud, practiced by many milk producers and venders, it is not surprising that physicians in cities encounter so many prejudices against this

fluid. So soon, however, as the public learn what the testing and inspection of milk signifies, that it goes back to the fountain head, to the cow herself, her health, to her food, her stabling, her handling; that it involves clean hands and clean udder, with thorough inspection of all dairy utensils; that it is a guarantee against the premature sale of milk after calving, when it is filled with colostrum and other elements most injurious to health; I say that as soon as the public understands the value of these precautions, a great impetus will be given to the consumption and sale of milk. Of course, it will take a good while to effect any decided reform in these respects. Bnt there is no class of persons who can so effectually aid in this revolution as physicians. The physician's influence is always more or less felt in every community. From the earliest times he has been frequently consulted both professionally and otherwise. and has had great weight in moulding public sentiment in all matters of hygiene, and hence the importance of his acquiring correct and enlightened views on all such subjects.

I wish that time permitted me to dwell at greater length upon the subject of milk analysis and more especially upon the development of the microscope in the detection of various forms of fungi, either acquired or secreted, and other abnormal properties. I am sure it would interest you as it has done me, and that it affords a field of great practical interest to the physician, even if he goes no further than to learn what has already been accomplished in certain isolated localities, towards the perfection of the dairy interests.

As before remarked, in many of the older countries where dairying is much further developed than with us, the standard is higher and the system of thorough inspection much more faithfully carried out, and is daily becoming more general and rigorous, for the reason that the public is begining to appreciate the important benefits to be derived from these measures, the result being that irregular dealers are gradually falling into disfavor. I will mention by way of illustration, several model milk companies which have not only been eminently profitable to the stockholders, but have proven inestimable blessings to a large community. I allude more particularly to the Copenhagen Milk Company, and to the Aylesbury Dairy Company, of London. These companies exercise a rigid control over every drop of milk they handle, all the way from the cow to the consumer.

They enter into a strict contract with each farmer, controlling the method of feeding their cows and handling their milk, every can of which is tested by an expert chemist and a record kept. There is also an inspection of each can before delivery by the driver, and likewise of any that remains over when he returns from sewing his customers. Samples are also taken from families at irregular intervals, in order to guard against any possibility of fraud. The premises of each farmer supplying milk is subject to inspection as to cleanliness, drainage, etc.; he is also bound under heavy penalties to report promptly at head quarters, any case of sickness occurring among his servants or family.

In the city of Copenhagen contracts are made with especially well known and trustworthy farmers for a supply of *children's milk*, from single particularly healthy cows. This milk is bottled and the bottles are sealed and marked on the farm, so that any who desire such milk may always get a reliable article by paying a little extra price for it. A similar plan has been adopted by Dr. J. Cheston Morris, a well kown physician of Philadelphia, who supplies select milk to his patients and others, from a dairy farm of his own, thirty miles outside of the city. He uses the Cohansey fruit-jar.

The St. Louis Dairy Company, a new corporation which has been organized and modeled after the Aylesbury Dairy Company, of London, is officered by some of our leading citizens and it is hoped that they may make their influence for good felt in the West. Mr. J. C. Cabanne, the Superintendent of this company, informs me that he has great difficulty in awakening a degree of interest among farmers sufficient to keep up a constant milk supply. It is hoped, however, that in time these obstacles will be overcome.

It is a fundamental principle, recognized by all successful and first class dairy associations, that milk to be really good and in quantity, must come from the country. For it certainly needs no argument to convince any reflecting mind that no dairy establishment, where large herds of cows are kept confined in filthy barns or yards, can furnish first class milk. And yet every one knows that it is from just such sources that no inconsiderable proportion of the milk consumed in our larger cities is supplied. With these facts patent to all, with the reeking, pestilential cow-yards, which offend the vision and olfactories of all citizens who visit the suburbs of our cities, it is no wonder that doctors con-

stantly meet with stumbling blocks in their practice, amounting sometimes to open rebellion, when milk is prescribed. Let us hope, however, that the forthcoming Board of Health in our State may be composed of true sanitarians and scientists who will do something towards remedying these evils, by looking into the milk supply of our cities and to the perfection of such legal enactments as will give greater security to the people.

It is essential in the first place, however, that the masses should be enlightened; they must be taught two cardinal facts: *first*, that milk is an indispensable food for children and invalids; and *second*, that it must be *good*. It is as essential a part of the physician's duty to look after his patient's diet as his medicines. Perhaps we do not always pay as strict attention to these matters as we should.

It is gratifying to know that the St. Louis Fair Association is contemplating the addition of a Dairying Department to the many attractions of this mammoth corporation. The practical advantages which must result from a full and complete organization of such a department can scarcely be realized at present; calling together annually, as it will be bound to do, men of broad views and experience, from all sections of the great Northwest. No more effectual method could be possibly devised whereby the public will be brought more directly to realize the importance of this great subject.

Scientists and chemists have recently made an onslaught on beef-tea; they tell us, with an apparent show of reason, that the nutrient properties of this venerable and familiar friend, so often resorted to when we wish to sustain the flagging powers of life, are a delusion and a snare, but little better in fact, than a mild solution of salt and water. If this be so we must fall back from our therapeutic strongholds and take refuge elsewhere. In milk, however, we find a reliable substitute, suitable alike for every condition of life from the cradle to the grave. It is the only known article of food which will alone sustain the life of man for an indefinite period, and when properly administered, is applicable to almost every disease. Whatever may be the fate of beef-tea, we feel confident that milk can never fall into disrepute, provided we get it as it has been prepared by that Allwise Chemist who has planned not only the molecular elements of our bodies, but who likewise supplies every atom in the synthesis of the universe.

## DISCUSSION.

Dr. Dean.—I have written so much on this subject that I could only repeat myself in anything I might say. The title of Dr. Coles paper involves more than might generally be supposed, and requiries on the part of the agriculturist an amount of know ledge that would hardly be supposed at first to be necessary. In rearing horses ofdifferent kinds, for draught, for racing, for the road, for driving and for farming a great deal of care is necessary, but very much more care is necessary in rearing cows. Each animal must be raised for the purpose for which she is intended: for instance for cheese making casein is desirable; there must be a certain amount of casein and not too much butter; then again if she is intended to produce butter we do not want the great amount of casein; if milk for food the average of all constituents is needed. Then attention has to be paid to the bulls. Some cows produce heifers much more frequently than others. If cows which produce mostly bulls are allowed to propagate it will readily be seen that there would soon be a surplusage of bulls and they would have to be killed off; though they are disagreeable when we breed for work or beef, but by allowing only those cows which produce heifers to breed the difficulty is avoided. For instance I called and saw a gentleman who purchased a Jersey heifer and he gave me the record of this heifer which showed that she came of a stock that produced a very small number of bulls. This seemed to be one of the things which made this gentleman prize the animal—this fact, that she had a heifer producing pedigree. Another mistaken idea with reference to milk is that a great deal of the watery food that is given to cows simply filters through—swill has never become milk until it has first become a part of the cow—the cells which produce the milk must undergo a fatty degeneration, though the water is largely drawn from these vessels. If it is asked why do cows that are fed on hot swill give so much milk, I would say it is simply because they are more watery themselves. If you feed swine upon apples you know that the tissues are watery, are œdematous and so it is in the case of swill fed cows, and when the meat is cooked it shrinks down a great deal. The milk in these cases is not a good product, the lining of the milk glands must be in a poor state, the

animal is more or less diseasd. There is prevalent a wrong notion, that a cow by drinking stagnant water, water that has become putrid, may affect the milk directly by this water, that bacteria, bacilla etc. are thus introduced into the milk. Dr. Laws in order to prove this matter very conclusively, and especially to trace the origin of some diseases to the milk drawn from certain sources, went to the pools in which the cows were standing and got some of the water which he examined very carefully and he found certain microscopic organisms; and on examining the milk he found the same thing and he drew the inference that they got into the milk through the cows drinking the water—that they were carried in this way directly into the milk; but any one can see that these cows standing in the water and switching their tails must thus become covered with these organisms, and it would be impossible to milk them, in the manner that it is usual without getting organisms into the milk.

But passing a tube through the opening in the teats and drawing off the milk and finding bacteria would that prove they came through the blood; they may enter the teats. Men who have swill milk dairies fatten cows and as soon as they become diseased so as not to produce a large amount of milk and sell them to buy others. While I am about it I will speak of another thing that I suggested some years ago which may be spoken of in connection with the subject of the examination of milk—that is the examination of pork. I made a statement then that the pork sold by butchers in cities should be examined microscropically and although it may make the meat a little more expensive it should be done, I said then that packers would be obliged in self defense to have their meat examined for it would be examined when put abroad and be confiscated if trichinized, and I think the time will come when it will be done. We all know the clamor that has been made about the American pork abroad, and there is a good deal of truth in the unwholsomeness of it. It is examined abroad in some parts and is rejected and should be, for it is more or less trichenous. There should be a careful examination of milk also as the doctor suggests.

DR. HURT.—I think Dr. Cole's paper was a very valuable one both to the medical profession and the public generally; it is

scientific, and at the same time he has couched the language so that it can be understood by anyone capable of understanding common English; and I believe that if every family in the valley of the Mississippi possessed a copy of the paper it would prove a great benefit to the public. The instability of milk which we all know and admit is due perhaps to the delicacy of its chemical construction and to the other fact that it is the product of retrograde metamorphosis of the glands in which it is and by which it is produced. Is that not a fact?. It is the product of a retrograde metamorphosis.

Dr. Dean.—Of fatty degeneration.

Dr. Hurt.—And hence its instability; and perhaps this is the reason it so readily imbibes foreign substances and is affected by them. One idea suggested itself to my mind, wich was suggested by reading some year or so ago from some authority: it is that the cow was susceptible of being spayed pretty soon after calving and and that she continues, after recovery from the operation for the removal of her ovaries, to yield milk without interruption—she not bearing any more calves—that she will produce milk the balance of her healthy lifetime, and that she is more docile, never suffering from perturbations in her temper that is due to heat, and consequently her value is doubly enhanced by this process. Perhaps the operation would prove fatal in some cases, but the value of the animals that recover from the operation is so much increased that she is worth two or three times as much as an animal that has not been operated upon. It occurred to me that it might be a good idea if dairymen would avail themselves of this idea, and if properly adopted and improved upon it might prove very valuable. It would even lessen the value of the heifer producing breed that Dr. Dean spoke of, because the heifer producing breed would still retain the disadvantage of breeding.

Dr. Dean.—This point has been tried, and it was ascertained that after the removal of the ovaries the tendency is to the production of fat.

Dr. Atwood.—The statement of Dr. Dean does not correspond to the reault of my observation on that point. I have been engaged in farming for many years, although I have not given it my personal attention, I have had occasion to pay a great deal

of attention to the breeding of cows with reference to milk producing qualities, as well as to the fat producing tendency. Of course, I have posted myself in the literature. I know of many instances in which, to speak professionally, Battey's operation has been performed upon the cow when in full milk, generally after the second or third calf. The Germans say that a cow is not a good milcher until the third calf. Now when she is spayed after the birth of the second or third calf, being in full milk, she continues to give that amount of milk, the food being the same, as long as she lives. The most notable instances are to be found in regard to the cows belonging to Headley Cooper, of Natchez, Miss. (I can produce them at any time). After the ovaries were removed from these cows they remained in his possession for many years and never became in heat, always gave the same quantity of milk, the food being the same in quantity and quality. I think Dr. Hurt's suggestion a most valuable one and I believe the operation would be a more general one if it were not for the fact that the performance of the operation is not understood. If we had experts to remove the ovaries of the cow throughout the country I believe it would be done with good results.

DR. DEAN.—The Germans believe the cow should be milked as dry as possible as near to the time of "coming in" as may be untill the third year, and that then she acquires the habit of giving milk for life; and they think after this habit is established is the time to spay I presume a cow will give more milk in the end, but they can produce no more cows.

DR. LOVE.—The paper of Dr. Coles is a very timely one. It is interesting from the dairyman's standpoint, the standpoint of the general public and the sanitarian standpoint. I think it is a crying shame that the city does not in some way regulate the dairies within her midst. Some years ago there was an official dairy inspector, but the office was abolished for the sake of economy, and I doubt not that lives have been lost as a result. Those of us in active practice have reason to know every day the value of good pure milk. I think it is the unsolved problem of the proper treatment of children, I think that of all the diseases of early childhood the majority of the fatal ones are those connected with nutrition, and for that reason the milk problem is an interesting one. The majority of our patients are children, and we who have children are interested personally in the matter.

My own experience in the feeding of children of my patients and in my own family has not been favorable to the use of milk as it is obtained in this city. My experience has been that the majority of our children do better on condensed milk as we buy it in the shops. As a rule the majority of them do better on that milk than on the milk that we get from our milkmen. I have very frequently had to change from fresh milk to condensed milk; seldom the reverse. I have more frequently found condensed milk to agree with the patient. We know that very often where the milk has been agreeing with the child, without any apparent cause it disagrees with it. We may try and try again and finally have to abolish the use of milk. To children and to many adult patients, milk is very important as an article of diet, I believe it is a well established fact that Miss Neilson was killed by a glass of milk. I have seen in a number of cases, indigestion resulting almost in death, brought about in adults by drinking a glass of milk without breaking the curd by eating bread or crackers. In some cases of children I have found it necessary to stop the use of milk altogether and in those cases I have found raw beef a valuable article, and in these cases it has been well received. In cases where the disorder is connected with nutrition—indigestion; where milk in its various forms does not agree with the patient, raw beef has been well received. I expect there is a risk of their getting some of the parasites, but I believe the risk is less than that to be met with in continuing the milk. I simply mention this substituting of raw beef for milk; I have no doubt you have all tried it with good effect.

Dr. Kingsley.—The subject of the very valuable paper that has been read to-night, is one that is not only of very great interest to every physician in the land, but to every family as well, and is of especial interest to those who reside in cities. Patients are constantly inquiring of us in relation to the food which they shall give their infants as a substitute for mother's milk, either in whole or in part. There is one popular fallacy, and that is the one cow's milk fallacy. Mothers imagine that when they obtain milk from one cow, that is all that is necessary. As a rule it is very much better to obtain the milk of a number of cows than it is to use milk from a single cow, provided this can be got in a normal state. As a rule the milk that is obtained from cows that are kept in the city limits—which are kept in stalls most of the

time—is too alkaline in character. The milk of cows that remain in pasture and have plenty of fresh air and grass, approximates the normal. Of course, this milk that is obtained from cows kept within the city, is not proper food for children. In relation to the milk which should be recommended to patients, the Illinois Milk Company's milk, the Bowman Milk Company's milk, or milk supplied by the Mount Cabanne Company are probably the best. There are other dairies that furnish good milk as well, but in very many instances those that claim to bring milk from the country are bringing it from somewhere within the city limits, where the cows are kept in stalls, with perhaps four or five inches of filth on the floor, and very naturally the cow's tail drops off and she becomes hollow horned. These cows are fed on swill and when they cease to give a large quantity of milk they are sold off. Perhaps the better way of feeding infants, the better course to pursue is, as soon as the milk is obtained to boil it and add, as a rule, a small quantity of bi-carbonate of soda to prevent it undergoing fermentation as soon as it would otherwise.

I might say in regard to the proper way of feeding children, that a number of mothers have a bad way of filling a bottle and putting into it a tube of rubber, then there is a glass tube, then another piece of rubber; this rubber passes through the cork and on the end of it there is a nipple; now decomposition takes place in this bottle, and smelling the cork or tube, you can smell the decomposition at once. The only way an infant should be fed, if fed with a bottle at all, is by putting only a sufficient amount in the bottle for a single feeding and then allow the child to take a sufficient quantity of food and then wash the bottle out and place it in cold water.

DR. LOVE.—I would like to call upon Dr. Henske to give his experience at St. Ann's Asylum, where there are quite a number of children.

DR. HENSKE.—So far as my experience in feeding children is concerned, especially infants younger than three months, I can only say that it is a very difficult matter to find any food that will always agree with them. I have tried almost everything. I have tried cow's milk coming from the country and from cows that we kept at the asylum, but lately I have used condensed milk only. I find that most children, at least in the city, cannot be fed on cow's milk very long. If you feed a child from the

bottle containing cow's milk, even if you have added to it a little bi-carbonate of soda or subnitrate of bismuth. After a while vomiting will take place, and I have found that it is an uncontrollable vomiting. They will bear the condensed milk longer. Dr. Love mentioned the fact that we may sometimes change the milk diet for a diet of raw beef; I have tried that and I have found it a very good plan. Sometimes children from three to five months old or even older will not bear cow's milk or even condensed milk, and rare or raw meat makes an excellent food for them. Within the last few days I have tried a new plan. A gentleman from New York—Mr. Fairchild,—presented to the Medico-Chirurgical Society, some samples of the extract of pancreatic juice, and made experiments showing the digestive effect of this substance on milk. I have been trying this peptonized milk and it proved to be an excellent food. I have observed that some of the children who vomited cow's milk and condensed milk, do not vomit this peptonized milk; and I recommend it to the gentlemen present.

Dr. Barrett.—How do you administer the beef to a small infant?

Dr. Henske.—Well, I give it to them scraped and förmed in pulp, or let them suck slices of it.

Dr. Love.—I would like to explain the manner I administer the beef: I order very tender beef, as tender a piece of steak as can be gotten, and then scrape it, then mash it on a plate with a knife until it is a sort of pulp, carefully removing every stringy portion, all the fibre and everything in the shape of fat. I then season it properly and warm it slightly and then feed it, perhaps a teaspoonful at a time, and feed it as often as every three or four hours, if the child bears it well, during the day.

Dr. Pollak.—That is a very common practice among the Germans and has been for years. It is a very common thing to take a piece of beef and scrape it with a knife and get it into a pulp, then put a little salt on it and give it to the children in pieces as big as peas. This is also a common thing in Russia. In regard to the peptonized milk, I have tried it and have never had any success with it—I couldn't make it work—in always coagulated in my hands.

DR. JOHNSTON.—Honor to whom honor is due. When I was about the age of this young gentleman who has introduced the subject of feeding raw beef, the Russian journals were full of it.

DR. LOVE.—I didn't claim originality in that matter at all. I stated that no doubt very many of those present had practiced it. I don't doubt at all but what Dr. Johnston heard of it forty years ago.

DR. JOHNSTON.—I not only heard of it forty years ago but I used it. As I said, the Russians first started the practice, and if we are correctly informed as regards the gastric glands of the stomach, they are not developed in the child before the sixth year, and consequently if you give beef, there is no gastric juice there to dissolve it and separate the albuminoid substances, so that the practice fell into disuse among the Russians, and I think the practice has been generally given up, and the beef tea has been substituted for it.

SATURDAY, June 9th, 1883.

**A Tracheotomy tube for Gradual Withdrawal, and Report of a Case in which it was Used. By H. F. Hendrix, M. D.**

On the 11th of August, 1882, I was called to attend Eddie N., suffering from croup. Mother stated that he had always been rather a delicate child, but never had any severe illness previous to this attack. One of his brothers died of croup at the age of four years.

On the 10th he had complained of not feeling well; seemed to be suffering from cold. Slight cough during forenoon, growing worse as the day advanced and at nightfall the cough became croupy. A physician was sent for who gave an emetic and applied a fly plaster to the throat and chest, leaving a large excoriated surface. I saw him for the first time at 8 o'clock P. M.; there was cyanosis, dyspnœa and noisy respiration with sucking in of the intercostal spaces.

Air could be heard entering both lungs fairly well, and they were resonant throughout; did not discover any diphtheritic exudation on examining the fauces with reflected light. Temperature in axilla 101°.5 Fahr., pulse so rapid and weak that they could not be counted.

The symptoms were urgent so that I decided at once to perform tracheotomy. This I accordingly did under chloroform and introduced a No. 3 ordinary double canula. A spell of coughing ensued and quite a quantity of bloody mucous was discharged through the tube. I administered five grains of quinine per enema and in a few minutes he fell into a quiet sleep. The few days next succeeding present nothing worthy of special notice.

On the fifth day after the operation and also at subsequent visits, I placed my finger in the mouth of the external tube (the internal one having been withdrawn), bearing in mind the importance of as early removal of the canula as compatible with the safety of the patient.

After about twenty days which brings us to the 1st of September I withdrew the inner tube and placed a cork in the fenestrated one, but it could not be let to remain even for a minute. I instructed the nurse to introduce the cork several times a day; this treatment was persevered in, together with tonics, fresh air and sunshine (he having been out of bed since the tenth day after the operation).

I will pass now to the 15th day of November, with nothing of interest. On this day I was sent word that Eddie could speak; this was the first time since the operation that he had spoken above a whisper. On the 16th I withdrew the internal tube and dispensed with it altogether and kept the other constantly corked, he experienced no further difficulty either in breathing or speaking. After a few days, that is on the 20th day of Nov., everything seemed to be favorable and I withdrew the canula, but the symptoms became so urgent immediately that I had to return it to its old resting place. I withdrew it in about two weeks thereafter, the natural air passage seeming to be in perfect order so far as breathing, speaking, etc. was concerned; and the fauces also looked healthty, but as on former occasions, it had to be replaced. At each attempt except the first, I had administered a nervine bromidia potass., mor. sulph. etc.

On the 2nd day of Jan., 1883, I gave an anæsthetic and withdrew the tube, thinking that I had probably failed on former occasions on account of the excitement incident to the withdrawal of canula, but even while under the influence of the drug, breathing was difficult.

The wound had healed so as to closely embrace the tube and

now that it was absent the edges of the wound came together and seemed to be partly drawn in, in the effort to inhale.

There was also sucking in of the intercostal spaces. After two hours he breathed somewhat freer and I left him.

On Jan. 3rd, I was called to see him in haste; the mesenger stated that he was dying; I was at his bedside in less than five minutes, found him with the same symptoms which he had exhibited on my first visit, before the operation.

Breathing—the little that there was—was carried on entirely through the larynx; not a particle of air escaped through the tracheal opening; the anxious tossing, the heaving of the chest, etc., I quickly placed him on the table and attempted to replace the tube, but found the wound so much contracted as to make it necessary to incise the edges before I could do so. The moment the tube was made to enter, the symptoms were relieved and in half an hour he had fallen into a quiet sleep. He had spent a sleepless, restless night. The mother said: "When Eddie would close his eyes he would have one of those spasms and would wake up in great fright." I was now convinced that the trouble was a hyperæsthetic condition of the trachea, and that the sudden presence of atmospheric air over the sensitive surface caused spasm of the glottis.

Now I reasoned that if I could succeed in exposing a small portion of the trachea at a time to the atmospheric influence that I could eventually in this way dispense with the tube and let the wound close. Therefore two weeks later—on Jan. 16th—the ordinary tube was exchanged for a new kind which was made under my directions by A. M. Leslie & Co., this city.

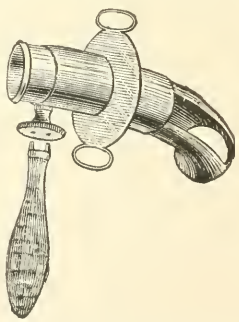


Fig. 3. New Tracheotomy Tube.

This tube is of ordinary tracheotomy shape with short exter-

nal tube intended to reach only through the tissue down to the trachea but not into it. Through this the long tube with the long fenestra is made to slide and is held by a friction clamp, confined by a screw in such a way as to be removed gradually, and as the screw tightens the clamp onto the tube it may be retained at any depth required.

In the case above reported I removed the canula a little every day for seven days.

Jan. 23d I withdrew it altogether, leaving the short one in tightly corked. Two days later, (Jan. 25th) I removed it also without the slightest inconvenience to my patient; found the tissues had already closed behind and forcing it out.

I would state that this tube is not proposed as a substitute for the ordinary one, at the time of operation, but I am sure that it will meet a class of cases not to be treated successfully by other means, and will obviate the well known disadvantages, the later has, when required to be removed.

The moral effect is quite a consideration. The patient is quieted by the belief that he or she is still protected by the presence of the tube in the trachea, after it has, in fact, already been removed. In the above case, the child awoke at night, (after the trachea was clear, the short tube not reaching into it) and the long one had been entirely withdrawn, he carried his finger quickly to the tube, finding it there, lay quietly down again to sleep. It also obviates the necessity of having a skilled person to remain with the patient at such time—not a small consideration.

Other advantages might be enumerated, but I feel that I have said enough to call the attention of the profession to the merits of the tube and that they will not fail to give it a trial when opportunity offers. I feel certain that if they should do so, they will find, as I have, that it will be potent in relieving the anxieties and dangers incident to the withdrawal of the tracheal canula.

### New Instrument.

Dr. Meisenbach.—I have something that I would like toshow the society. In the section of the city in which I am practicing there are many factories and it is often my lot to be called upon to remove particles of steel, stone, emery etc, from the cor-

nea of the eye, and to do this it is often times becomes necessary to use a lens. To facilitate holding of the lens and at the same time have both hands free for manipulation I have devised this little instrument. To the perpendicular rod *A* is soldered the flat metal peice *D.* with a slot in lower part; the flat metal part *D.* passes in to clamp on headband, the slot admitting the screw to pass through. By tightening screw it is firmly secured in position.

Two ferrules are soldered cross wise to each other as at *C.*

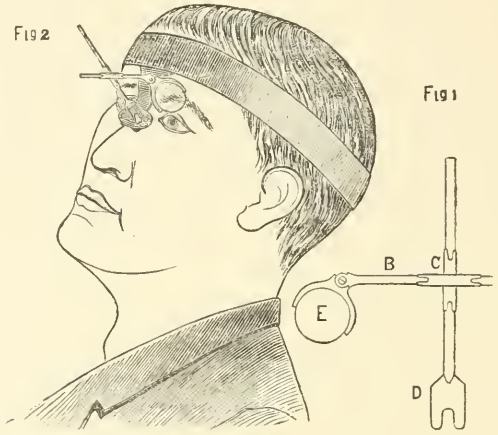



Fig. 4. New Instrument.

The ferrules are slotted at ends to create friction on the rods. Rod *A* passes the perpendicular ferrule and rod *B* the horizontal ferrule. At end of rod *B.* is hinged a clamp in which lens *E* is fastened. As will be seen by the arrangement of sliding ferrules and rods, the lens may be placed in any position to suit operator. The right hand being free to manipulate instruments and the left to fix eyeball and eyelids. The lens may be of any suitable size, I find the instrument very handy for the purpose for which it is intended, and in my hand has proved a valuable adjuvant in these operations.

DR. POLLAK.—This is certainly a very ingenious instrument, but I don't think it is suitable to all cases. The lens is too small for one thing, and then if the object was deeply imbedded I don't think this device would suffice. I should think the use of a magnifying glass and an ordinary mirror, which can be turned in every possible direction is much more servicable. This is nice

enough to look at, but when it comes to practical work it will be found to be unsatisfactory.

Dr. Meisenbach.—This instrument was simply intended for use in cases of bodies which are superficially imbedded, and where no assistant is present. Then as far as the lens is concerned a larger object can be used if desired. Any desirable size can be used.

**Effects of Quinine in labor.**

Dr. Hendrix.—A couple of months ago I was called to treat a lady who was suffering from pneumonia. I adopted the ordinary treatment. She was about six months gone in pregnancy. I gave her among other remedies, quinine—I gave her grain doses, every three hours. She had taken 15 grains in that way when labor pains set in and she was delivered of a living child—the child lived ten hours. I bring this up in order to ask the gentlemen if in their experience quinine has had that effect. I have frequently heard it spoken of, but I have never seen it stated by any authority that quinine had that effect.

Dr. Barret.—I believe myself that quinine has oxytocic properties, and I think those properties are described by all writers, it is regarded as one of the remedies which produces contraction of the uterus; and the society will remember that I reported a case somewhat similar to the one reported by Dr. Hendrix about two years ago, a case in which I gave quinine in intermittent fever, and the patient miscarried. The subject was discussed at some length at that time. I remember several gentlemen stated at that time that their experences coincided with mine in that regard. Quinine certaintly has the power of producing contractions of the uterus and we ought to give it with care to pregnant women; but in malarial localities like this it is impossible to dispense with it and it is a risk that has to be taken where quinine is necessary.

Dr. Hendrix.—I would like to inquire whether miscarriage is more likely to occur from the administration of a large dose or a small dose of quinine?

Dr. Barret.—I think the more quinine give the more likely you are to produce miscarriage. I cannot say positively about that.

DR. WATKINS.—It looks to me as if it is sometimes a pretty difficulty matter to determine whether the quinine is the cause of the miscarriage, or whether it is the result of the malarial condition. I have two or three times in my practice observed that uterine contractions followed the exhibition of quinine; at the same time the patients to whom it was administered were suffering intensely from malaria. I think it is often a pretty nice point to trace the differential line, and decide whether the the result is produced by the disease, or the remedy. I think in some cases it is very probable that quinine is very unjustly assailed.

DR. HURT.—Mr. President, some patients will resist almost all there medies that have an oxytocic tendency, and others will abort very easily upon the slightest administration of the remedies. I was going to remark, or rather call the attention of the society to a case that I reported about two years ago of a lady who called me at about the end of the seventh month, supposing that she was in labor, but finding that she was not, and learning that she had suffered from symptoms of chill before her pains came on I gave her some morphine, and she went on nearly two months, but every week or ten days she would be seized with these symptoms of labor following a slight feeling of chilliness, not exactly a rigor, ague, but symptoms that satisfied me by their regularity of recurrence that they were of malaria origin. She went within two weeks, as she supposed, of the term of her gestation, when matters reached a point where I though it would be absolutely necessary to give her some quinine at all hazards, and explained to herself and her husband what quinine had been reputed to do, as saying that if labor came on that it would be possible to save the child, and that it seemed to me hazarding too much on the part of the mother to indulge her case any longer; so I put her on quinine in tolerably efficient doses, and in the afternoon of the next day following the one in which I began giving the quinine, I was sent for and found her in labor sure enough, and I delivered her of a living child which appeared to be at full term, and it may have been at full term for all I know.

DR. BARRET.—In the case that I speak of in which I gave the quinine the malaria trouble was quite marked. I gave the quinine several times and labor pains were produced, and I then

stopped and the pains subsided; and then I gave the quinine again and the pains reappeared. In this case the action was quite marked. I have no doubt but what quinine will produce a contraction of the uterus.

Dr. Newman.—Some four or five years ago I was called to a case of a lady who was always troubled with hæmorrhage after labor. She had been suffering a great deal with vomiting during this pregnancy and I gave her a number of remedies to try and check the vomting, I gave chloral, morphine, and finally quinine and the quinine stopped the vomiting very readily, I gave a five grain dose, and it checked the vomiting for about six or eight hours, when labor set in, and she passed through the labor very naturally, without any severe symptoms, and without post partum hæmorrhage and I ascribe the result to the use of the quinine, which caused a contraction of the uterus, and after labor was over the contraction was so thorough that no hæmorrhage occurred.

Dr. Rowland.—I have had occasion for a number of years to believe that quinine acts as an oxytocic, and in several instances, having lived where malarial diseases were very prevalent, I have known labor pains to come on under the influence of quinine, and to subside when it was withdrawn. I have noticed this in several instances, and I have taken great interest in watching these cases; I have found, however, that such has been the case, and I have been in the habit of giving small doses of morphine or opium in some form. In cases where it is necessary to give quinine, and I have feared that I might produce an abortion, I have given small doses of morphine with it. I don't know what proportion of these cases have been benefited by the morphine; I simply know that quinine has produced uterine contractions in a number of cases. I think that small doses of morphine will, in almost every instance, counteract this effect of the quinine. I will state further: For a number of years I had been in the habit in these cases of giving, where required, a good dose of quinine, where there was no good reason that it should not be given, I would give six, or eight and in some instances ten grains, and I am very confident that it does produce contraction of the uterus, and to my mind it happens too often to be a mere coincidence.

DR. HENDRIX.—In regard to opium with this remedy, I gave quinine in connection with Dover's powder.

DR. WATKINS.—The inconsistency in the belief that quinine acts as an oxytocic is this: most of those who hold to the opinion that it acts as an oxytocic claim that large doses produce that result and I have always been taught to believe and regard large doses of quinine as having a sedative effect; whereas small doses had a stimulating effect. It has occurred to me that if large doses of quinine has a sedative effect, they certainly would not produce uterine contractions. I think there is an inconsistency there, unless we assume that the drug has one effect upon the uterus and a different one on the system at large, and this looks to me like an inconsistency.

DR. KINGSLEY.—I presume, Mr. President, that in a certain number of cases quinine will act as an oxytosic, but if it does universally produce any such effect as that, certainly the number of abortions or miscarriages would be very large. I think as a rule that the physician will not ask the patient who applies to him for treatment of intermittent fever, if she is pregnant or not; then a vast number of people are purchasing quinine for themselves all the time, and taking it liberally without producing any such effect; and all of us are constantly prescribing quinine for patients who are pregnant without producing any such effect. I think it is more reasonable to assume that as it is in a limited number of cases that such effects are produced that when they are produced the accident is rather the result of the fever than of the remedy administered. In regard to the matter of mingling something with the quinine for the purpose of allaying the irritability and controlling the effect of the drug, I think in many cases it would be found that the extract of hyosciamus would be a better agent than morphia. In the extract of hyosciamus we have an agent which will allay the nervous irritability and quiet the patient without producing constipation or headache. I have got into the habit of using the alcoholic extract, and in prescribing the remedy I so specify, because there are two preparation of the extract of hyosciamus: the alcoholic extract and the inspissated juice, and I specify the one I want, as I have found sometimes that mistakes are made.

DR. HOLLAND.—In regard to malaria producing abortion, I

can hardly credit that. If so I don't know but what there should be an excess of abortions and miscarriages along the botom lands; and I think as large a percentage of children are delivered at full term in those localities as in any other part of the country. Here in St. Louis we have comparatively little malaria, I mean the intoxication of malaria, and yet I think abortions are as frequent here as they are in those parts east of the Mississippi river, in the low lands where malaria is very prevalent. I can't think that malaria itself will produce abortion. But I am satisfied from my own experience that quinine has that effect. I have had two cases that I now recall in which abortion was produced by the administration of quinine. I did not know it, of course, until it was too late. I have also given large doses of quinine during the course of labor, and I think I have had benefit from it. We all know that pneumonia sometimes produces abortion. I had a patient with small-pox who aborted, and also a case of measles where the patient aborted, and in neither case had I given any quinine; and I think the abortions occurred through the effect of the diseases. I don't know that we can attribute the abortion to malaria, because if we take those districts where malaria is most prevalent there is not a great increase in the number of abortions, if there is any, over what we find here in St. Louis, where there is little malaria, comparatively, at least it doesnt get such complete control of the system of the patients. I don't think these abortions can be attributed simply to malaria.

Dr. Watkins.—I don't want to say too much on this subject, but I would like to say a few words in regard to the remark of Dr. Holland in regard to abortions not being more prevalent among women who live in malaria districts than in other places; and I think he is perfectly correct in that statement; but I attribute the result to the fact that in malaria districts, people have lived in the midst of the poison so long that the have become in a manner used to it. And I have noticed, further, that in malarial countries, new comers will abort more readily under the influence of malaria or the use of quinine; and as Dr. Kingsley stated there is a vast amount of quinine taken and yet it does not seem to produce a great number of abortions, and on the other hand we can point to the great amount of malaria that

prevails without seemingly producing an increase in the number of miscarriages; so that I don't think we will be able to settle this question by any discussion in this society, or as long as the malarial poison and quinine are so mingled. Then again there is another point that must be taken into account, and that is the fact that the malarial fever leaves the system in such a state of debility that it may be unable to sustain the presence of the fœtus and thus abortion occurs.

DR. BARRET.—I was going to say that the immediate cause of abortion is always, in all cases, without exception, the rupture of one or more blood vessels between the ovum and the uterine wall. A blood vessel ruptures, and a little blood is poured out, it puts the uterine fibres on the stretch and stimulates the uterus to contraction, and more bleeding takes place, and more uterine contraction, and thus finally the ovum is separated and thrown off. Now the causes that lead to abortion are innumerable, and they dovetail into each other so intimately that it is almost impossible in a given case to say what the cause of abortion was in that particular case. One cause of abortion is the influence of poisons acting upon the nervous centres, poisons that originate within the system or are taken into the system, which reside in the system, such as syphilis; or poisons of the air, which in certain cases are capable of producing abortion; then there are certain drugs which have the reputation of producing contraction of the uterus, what are called oxytocics; and then there are mechanical causes, such as displacement, all these may lead to abortion. The uterus frequently becomes retroverted, lying under the sacrum, and the growth of the fœtus is impaired. Then abnormal growths, uterine tumors of various sorts may be the cause of abortion. Then mechanical causes referable to the fœtus, such as twisted cord, being tied in knots. All these causes, maternal and fœtal, are so intimately united that it is impossible to separate them; and in any given case it is not possible to tell what caused the abortion. Those remedies which have the reputation of producing contractions of the uterus will not produce abortion in a great many cases. Any man who has been in a hospital resorted to by woman who are illegitimately pregnant, and listened to the recitals of the futile efforts that they made to produce abortion on themselves must be satisfied that

there are many cases which do not respond to the reputed virtues of these drugs for the production of abortion, I believe that there is no remedy that can always be relied upon to produce that effect. There is no doubt in my mind that there are some remedies that under certain conditions, and in certain cases produce contraction of the uterus. Ergot and quinine I believe would in some cases. I have no doubt that quinine sometimes, at least, produces contraction of the uterus. I have been convinced of that from my own experience, and yet I would not be deterred from giving quinine to a pregnant woman where I thought it was indicated; nor would I expect to produce abortion on a healthy woman by giving her quinine.

---

## ARTICLE XXVIII.

## PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, May 24, 1883.

The President DR. TYSON in the chair.

**Carcinoma of the Stomach and Colon with Cardiac Lesions. Exhibited by Dr. J. Eskridge.**

Peter Lawler, aged sixty, Irishman, by occupation a dyer, was said to have enjoyed fair health until two years ago when he suffered from a severe attack of inflammatory rheumatism. He knew but little of his family history and could not give the cause of his parents' death. He never complained of heart disease. During the latter part of the year 1881, about eighteen months before his death he first began to complain of pain in the epigastric region, attended by emulsions of a sour slimy liquid. Soon he experienced a sense of nausea, coming on an hour or more after eating. About three months after the first appearance of symptoms of gastric disease, he began to vomit. At first vomiting occurred occasionally, but soon it took place several times a week and finally once or twice each day. He lost flesh rapidly.

In the early part of March, 1883, he was admitted to the wards of the St. Mary's Hospital, when he came under my obser-

vation for the first time. He was very weak and greatly emaciated. His pulse, of the Corrigan type, was eighty per minute. When resting in the recumbent posture, his breathing was quiet. Temperature was usually one degree below normal. The radial and temporal arteries were rather hard and the latter were tortuous. A diastolic murmur and a systolic murmur were heard at the aortic orifice. The impulse of the heart was not very strong, and the left ventricle did not appear to be greatly enlarged. The lungs were emphysematous and an area of impaired resonance, amounting to almost dullness was discovered on each side of the spinal column, opposite the spines of the scapulæ. An indurated mass, apparently about the size of a walnut, more or less movable, was felt in the epigastric region to the right of the median line, and about midway between the ribs and the umbilicus. The growth was not sensitive to rather rough manipulation and he had not experienced any pain for a number of months. His bowels were sluggish and it required active agents to evacuate them. No tumor besides the one connected with the stomach was felt or suspected in any other portion of the abdomen. He vomited almost daily. The liver and spleen were not enlarged. the urine was free from albumen.

By securing daily evacuations from the bowels and giving him nutritious easily assimilated food, the vomiting nearly ceased. He improved and left the hospital the latter part of March. Early in April he was admitted to the Jefferson Medical College Hospital, where he came under my care the 1st of May. At that time he was eating but little, the abdomen was considerable distended by gas and his bowels required repeated large enemata, or enormous doses of purgatives to secure their action. On the fourth of the present month he experienced great pain in the right iliac region, and just to the right of the median line of the abdomen, midway between the pubes and umbilicus. Over and around the latter painful spot a circumscribed highly tympaitic and sensitive area about the size of a man's double fist, was observed. Circumscribed peritonitis was diagnosed. Large doses of morphia, administered hypodermically, were required to relieve pain. The stomach became irritable and the peritonitis more general. He died during the afternoon of the 8th of May.

Sectio cadaveris four hours after death, by the pathologist of the hospital, Dr. Morris Longstregth.

Thorax.—About seven ounces of perfectly clear serum was

found in the pericardium. No evidence of pericarditis existed. Left side of heart firmly contracted; right side relaxed and contained considerable fluid blood. Right side of heart and its valves normal. No lesion found at mitral orifice. Free borders of the leaflets of the aortic valve are thickened and slightly contracted, allowing regurgitation to take place at the aortic orifice. Aorta atheromatous, dilated and decidedly roughened near the aortic orifice. Left ventricle slightly hypertrophied. Lungs deeply pigmented and generally emphysematous, both congested posteriorly. Surfaces of both apices covered with patches of fibroid thickening. Abundant evidence of diffuse peri-bronchitis chronica was present. Bronchial tubes of the lower lobes of both lungs much dilated. Bronchial glands at the root of the lung very much enlarged.

Abdomen.—On opening the abdomen cavity, considerable very offensive gas escaped from the upper part. On the right of the median line of the abdomen, from the umbilicus downward, the abdominal wall anteriorly was adherent to omentum and intestine over an area of about five inches in diameter. Lower third of abdominal cavity was filled with a yellowish white cloudy liquid. Intestines bound together by numerous adhesions.

The stomach, which I show you, is small and its coats are thickened. The hypertrophy of the wall of the stomach is slight at the cardiac end, but gradually inceasing, becomes considerable at pyloric. The wall of the pylorus and adjacent portions of the stomach and small bowel is about one-half inch thick. At this point the mucous surface presents several fungous looking outgrowths. The small bowel, with the exception of about half an inch of the upper portion of the duodenum appears normal. In the colon, about six inches from the ileo-cæcal valve, is a stenosis barely admitting the end of my little finger. The wall of the colon at the point of narrowing, which extends three or four inches of the length of the bowel, is greatly hypertrophied, measuring about one-third of an inch in thickness. The colon, from its beginning to point of constriction, is dilated into a large pouch measuring four and a half inches in diameter. The dilated portion of the bowel presented a dark gangrenous appearance, distended by gas, was adherent to the anterior wall of the abdomen, just to the right of the median line. The remaining portion of the large bowel appeared to be healthy. No enlargement of the mesentric glands was observed. Liver, spleen and pan-

creas were small and firm, but free from malignant growths.

Both kidneys were reduced in size, contained a few small cysts, their corticle substance was lessened and their capsules were abnormally adherent in places.

Remarks.—It is worthy of remark that although considerable thickening and induration existed at the pyloric end of the stomach, the orifice remained sufficiently patulous to allow the food to come in contact with the intestinal juices. Another point of interest is seen in the existence of so great an amount of narrowing in the calibre of the large bowel with no symptoms except easily obviated constipation, until a short time before the man's death. It seems to me remarkable that a bowel of a narrow constriction should be able to respond painlessly to purgatives.

**Mitral Stenosis and Regurgitation followed by Tricuspid Regurgitation and general Dropsy. Dr. By J. T Eskridge.**

Ellen D., forty-eight years old, single, servant, was born in Ireland. Her mother died from some chest trouble when about forty years of age. Her mother's relatives were subject to "pleurisies and rheumatism;" her father lived to an advanced age. Ellen enjoyed good health until six years ago, when she sufferd from three attacks of rheumatism within a few months. During each attack she was lame in her feet and legs. After those rheumatic seizures, she was comparatively comfortable, until the early part of the year 1879, when she noticed that going up and down stairs, or prolonged or active exercise exhausted her more than usually and gave rise to palpitation of the heart. In the year 1880 she had another slight attack of rheumatism. She said her feet were almost constantly swollen during the years 1881 and 1882. Last summer her general health improved, but when the cold weather of the following fall and winter set in, increasing dropsy and dyspnœa returned. She was admitted into the wards of St. Mary's Hospital, Dec. 5, 1882, suffering greatly from general cardiac dropsy and associate symptoms. One month later it was noted that she temporarily improved after her admission, but the dropsy re-occurred and she failed rapidly.

Jan. 10, 1883, her condition was observed to be as follows: She was jaundiced, irritable and morose. She dozed frequently, her mind seemed clouded but she was very restless. The tongue

was heavily coated, breath had an offensive urinous odor, stomac was irritable, and anorexia almost complete. The urine was diminished in quantity and contained abundance of albumen. Effusion existed in each pleural cavity, slight in the right but the left side was filled up to the lower angle of the scapula. The pericardium contained an increased quantity of liquid. The lungs were congested, and numerous moist bronchial rales were present. Arterial pulsation was seen only in the carotids. Visible venous pulsations were very pronounced in the veins of the neck and in one or two superficial veins on the anterior surface of the chest. After emptying the veins and exertin : pressure upon them, they were observed to fill from the cardiac side and again pulsate while the finger was still firmly held against the vessels. A wavy impulse extending over a large area was seen. The cardiac pulsation was most marked just below the lower end of the sternum.

The pulse was very irregular and difficult to count, being about 120 per minute. It was intermittent and irregular in volume and frequency. The variations of the pulse were most prominent when the hands were raised above the head. The impulse of the heart was felt over a large portion of the anterior surface of the chest. The area of the cardiac pulsation was bounded on the left by a point in the fourth intercostal space external to the left nipple, on the right by a point one inch internal to the right nipple, below by a point two inches below the sternal notch, and above by the left second intercostal space. Hepatic venous pulsation was very distinct. Percussion dullne s was increased most on the right side. The pulmonary and aortic valves were apparently free from disease. A pre-systolic murmur with its seat of intensity over the left fourth costo-sternal articulation was heard. A systolic murmur whose seat of intensity was over the left fifth costal cartilage was heard over the anterior surface of the chest from nipple to nipple, and in the left axilla. It was difficult to determine whether the murmur was audible posteriorly, as the bronchial and crepitant rales and rapid breathing were confusing. Four or five days later the pre-systolic murmur ceased to be audible. At that time general anasarca was well pronounced.

Jan. 24, she went into a semi-conscious condition, which gradually deepened into coma. She died Jan. 26. She expectorated considerable blood and frothy mucous during the last month of her illness.

Sectio cadaveris twenty-four hours after death. Body well frozen. Considerable adipose tissue still remained. Thorax and abdominal cavities only examined.

Thorax.—Left pleural cavity almost completely filled with a thin straw colored serous fluid. Right pleural sack nearly half full of a similar effusion. There were no pleural adhesions. The left lung was crowded into a small space and congested, the lower lobe sank in water. The right lung was being encroached upon by the effusion and its lower lobe was consolidated; the upper emphysematous.

The pericardium contained about six ounces of fluid similar to that found in the pleural cavities. No adhesions or patches of fibrinous exudations were seen on the surface of the heart. The cavities of the heart were relaxed and filled with dark fluid blood. The right auricle is greatly dilated. The tricuspid orifice admits the ends of the thumb and all the fingers of one hand up to the distal joint. The right ventricle is dilated and its wall is thickened. The tricuspid valve is insufficient. The valves at the pulmonary and aortic orifices are thin but competent. These orifices are not constricted. The wall of the left ventricle seemed to be thickened and the ventricle is slightly dilated. The curtains of the mitral valve are adherent to each other near their attached borders and constrict the orifice which they are no longer able to to close, into a round opening only large enough to admit the end of the index finger

Abdominal Cavity.—The bloodvessels of the stomach and bowels distended. The mocous membrane softened. Liver heavy, dark, and grated under the knife. Spleen enlarged, congested and denser than normal. Pancreas healthy. Both kidneys were congested, slightly cirrhotic, but contained considerable functionating tissue.

General dropsy is rare in cases of mitral stenosis, except as in the present instance, where it is combined with mitral insufficiency. No thrill was present during my attendance, which extended over a period of four weeks immediately preceeding her death. The mitral pre-systolic murmur ceased to be audible during the last two weeks of her life. The absence of the pre-systolic murmur in cases of extreme stenosis of the mitral orifice, late in the disease when the heart is weak and is acting rapidly and irregularly, has led some observers to believe that the murmur is frequently absent throughout the course of this form of

valvular lesion. To this point I directed special attention in a paper on the recent "Diagnosis, Prognosis and Treatment of Mitral Stenosis," read at the last meeting of the Pennsylvania State Medical Society.

**Congenital Malformation of the Heart with Cyanosis; Death at the age of Twenty-Nine Years from Pulmonary Tuberculosis. By Dr. J. T. Eskridge.**

Dr. J. T. Eskridge gave a detailed account of the above case. The patient, a man, twenty-nine years old, had never been strong and able to run and play like other boys without suffering from severe palpitation of the heart. So far as the man could remember, he did not become blue before his twelfth year. After the occurrence of cyanosis his heart became much worse. He had experienced pain in the region of the heart. One year ago he first observed pains shooting through the upper portion of the right side of the chest. These continued and at times were severe, being sharp and lancinating in character. From the first appearance of pain he began to lose flesh and strength. About the time of the beginning of the chest pains a dry hacking cough commenced, but expectoration was not profuse until a few weeks before we first saw him when he took a heavy cold which was followed by high fever, great prostration and profuse night-sweats He was admitted to the St. Mary's Hospital Jan. 2, 1883. The surface of his body presented a dusky hue, and his face, neck, hands and feet (especially the fingers and toes) were quite blue. When he sat up the blue color of the mucous surface of the lips deepened into dark purple. The distal phalanges of the fingers and toes were hypertrophied, and the small superficial veins of the face, fingers and various other portions of the body, were easily seen and counted. The upper lobe of the right lung was consolidated and contained a cavity, the lower lobes were partially infiltrated. In the left lung the lower lobe was solid and the upper was being infiltrated. Over the left lung pleuritic friction rales were numerous.

No venous pulsation was discovered. A pre-systolic thrill was felt in the third and fourth intercostal spaces to the left of the sternum and was barely appreciable in the third intercostal space at the right border of the sternum. Percussion dulness was increased laterally. The cardiac impulse was felt and seen in the fourth intercostal space external to the left nipple.

A systolic and pre-systolic murmur with their seats of inten-

sity near the left fourth costo-sternal artlculation were heard. The systolic murmur was audible anteriorly over a larger area, and posteriorly at the lower angle of the left scapula. Anteriorly the systolic murmur was heard as low as the seventh rib on each side of the sternum, faintly just below the left clavicle, but it was lost just below the right clavicle. The systolic murmur was audible in the left axillary region, but not in the right. The pre-systolic murmur was limited to a small area. The next three days the temperature was from 100° to 102.5.°

On the sixth day he coughed up several mouthfuls of blood unmixed with mucous. From the seventh to eleventh, was profuse expectoration of purulent matter containing small quantities of blood. Breath was very offensive and the apex of the right lung was breaking down rapidly. Diarrhœa was rebellious and exhausting. He died suddenly on the morning of the 12th.

Post-mortem examination was made about four hours after death. The lungs were infiltrated by tubercle. The left pleural cavity had been obliterated by general pleuritic adhesions, the right contained about three pints of sero-sanguinolent fluid.

Heart.—Numerous pleuro-pericardial adhesions were present. The pericardium was not inflamed on its internal surface and was nowhere adherent to the heart, but it contained about two ounces of a straw colored serous fluid. The heart was anæmic, flabby and dilated. Its cavities contained a small quantity of fluid blood. No heart clot had formed, the right auricle including its appendix was enormously dilated. The right auricular wall was somewhat thickened. Across this auricle a thin membranous strip stretches from right to left and from above downward. Its attachment above was at the upper portion of the auricle of the right of the appendix, below at the left margin of the tricuspid orifice. This imperfect septum, he thought, had been an attempt by nature to divide the auricle into two nearly equal compartments. The interauricular septum was imperfect, the foramen ovale being sufficiently patulous to admit the passage of his thumb from the right auricle into the left. The right auriculo-ventricular orifice was enlarged and admitted the ends of the thumb and all the fingers of one hand. The right ventricle was dilated to nearly twice its normal size. Its wall was not much thickened. A patch of fibroid induration, one inch long by half an inch wide, was seen on its endocardial surface. The anterior and posterior segments of the tricuspid valve were united and

formed one large leaflet. The left segment was so situated that it could not have aided materially in closing the auriculo-ventricular orifice. The greater portion of the imperfect segment was stretched across the ventricle near the apex of the heart, and more or less obstructed the current of blood from the ventricle into the pulmonary artery. Free regurgitation at the tricuspid orifice was permitted on account of the large size of the orifice and the imperfect condition of the valve.

The other valves of the heart were thin but competent. None of the orifices of the heart were constricted. The left cavities of the heart were rather small. The pulmonary artery was smaller than normal. No special disease besides a fatty condition of the liver was seen in the abdominal organs.

In his remarks on the case Dr. Eskridge said that the membranous strip which extended across the right auricle vibrated with the auricular current of blood and probably had given rise to a pre-systolic murmur. If the blood in struggling through the patulous foramen ovale had given rise to a murmur, it also would have been pre-systolic in time. He stated that the pre-systolic murmur in the case was well defined and easily distinguished from the systolic one, and thought it was unfortunate for the science of physical diagnosis that both these conditions existed in the same heart. He knew no means by which one would be able to attribute the pre-systolic murmur to one or both of them, since it was not positive whether an interauricular current was capable of developing a pre-systolic murmur. He desired that the heart should be referred to a committee of three for a fuller report on the congenital malformation.

Dr. Nancrede referred to the development of the heart as explaining such variations, etc. It was referred to a special committee for examination.

## Clinical Reports from Private Practice.

### Article XXIX.

A Successful Operation for Lymphoma of the Neck, with Ligation of Common and External Carotid Arteries and External Jugular Vein. By Jno. H. McIntyre, A. M., M. D., of St. Louis, Mo.

Reported By Dr. E. A. Chancellor. of St. Louis.

I. Personal History.—Mr. Clarence D., a son of Rev. Jno. P. Ingraham, D. D., of St. Louis, was born in Milwaukee, Wis., on April 4th, 1854; at time of operation being in his twenty-ninth year, though apparently much younger; height five feet eight and a half inches, limbs proportionally and symmetrically formed, with a handsome physique; weight one hundred and twenty-two and a half pounds, of the brunette type, with blue eyes and apparent fineness of skin. An athlete from boyhood and always enjoyed good health with the exceptions to be herein cited. Of a moral and social disposition, with an unusual ambition to excel in everything becoming a man and devoted husband; from childhood his natural boldness and fortitude were the constant fear of his parents, having inherited it, he was a noted hero of pluck and perseverance.

II. Previous History.—The patient is the second child of a family of four, all in good health, was nursed solely by mother and grew rapidly as a picture of health. When between five and six years old met with an accident in which, a long scalp wound extended from right parietal eminence to the mastoid process of right side; this kindly healed only to be followed by a more serious mishap, at the age of nine years, when the bridge of the nose was entirely crushed by a fall; this kept our patient indoors for nearly ten months, the accident having deprived him of a greater part of the function of the olfactory nerve. No sooner had this trouble been bridged over, than he should have become a victim to a more serious injury at the age of twelve years, which for a time was seemingly fatal.

Following the routine of misadventures, he was struck with a corn cob while at play near a corn sheller, and naturally enough, one penetrated the socket of the right eye, destroying it permanently, from which he has suffered no little in past years, but without any great deformity. After completing his collegiate course, his attention was attracted to a clerical vocation and specially that of railroading. At this time (May '83) he has an exalted position of trust and honor. His habits of exercise, eating, drinking, etc., have always been temperate.

III. Family History.—Both parents are living at a ripe old age, in prime health, all free from any local or constitutional troubles; nor can any phthisis, scrofula, gout, etc. be trace to any member of the family for generations back; yet two members of immediate family—son and daughter—are troubled with glandular enlargements. Both sides of family are famous for longevity.

IV. History of Existing Disease before coming under Observation.—In the early part of August, 1875, a small nodule the size of an English pea, was noticed below the left ear; freely movable and gradually elongated as it grew larger—kidney shape—until the fall of '76, when an eminent surgeon in Philadelphia was consulted and passed an unfavorable prognosis, which proved very discouraging to patient, who returned to St. Louis quite dispirited, and placed himself under treatment in the hands of several eminent physicians, who used *ad libitum*, iodide of kalium, hydragirum, iodine, ergot, turpentine, etc., with electrolysis and hypodermics of various medications, with blisters and untold local remedies; some considering the trouble a goitre, others a fibro-cystic tumor, a sebaceous cyst, a glio-sarcoma, etc. Still the enlargement increased, together with the lymphatic hyperplaisa on the right side of neck, two distinct lobulated masses, which kept apace with their companions on the left side, growing rapidly. The circulation was soon impeded, and a pressure at the base of the brain was a constant symptom, often causing patient to express a desire to be bled; this symptom was increased by the slightest exercise—lifting, or ascending a stairway—gradually the respiration and deglitution became more and more difficult until life became a burden.

V. History of Patient at time of Observation.—There was a normal amount of subcutaneous fat on body, and no peculiarity of tenseness nor looseness of integument over deeper

structures, except on both sides of the neck,—anteriorly—resembling the "bull dog neck," which was molded quite uniformly from inferior maxillary to the clavicle, with two lobulated masses —lymphomata—on the left side,—each size of double fist—and three smaller lymphomata on the right side—on either side of the larynx and trachea—giving rise to disturbance before mentioned. The neck measured nineteen inches and a half in circumference, and in length five inches from pomum Adami to the manubrium of the sternum. The functions of the stomach, liver, *spleen*, kidneys, etc. were in apparent healthy condition.

A rather abnormal condition was presented by the hyperplasia, though slight, of deeper and superficial lymphatic glands, in the neck,—anteriorly and posteriorly—the groin, arms and knees, which patient says he has noticed since boyhood, never at any time giving rise to the slightest trouble and always remaining *in statu quo*, except in the neck, which rapidly increased as stated.

The eyes were somewhat prominent, and the condition of the muscles were firm, though smaller and considerably lessened in strength. Patient was easily fatigued by walking, yet gait steady and certain; height five feet eight and a half inches; weight one hundred and twenty-two and a half pounds.

The most agreeable position was sitting with legs drawn up, shoulders elevated, and head thrown back with arms thrown forward.

Patient was unable to lie down or turn round and round rapidly without vertigo and dyspnœa, hence slept with head always erect and supported by pillows.

The expression was anxious and agitated, face usually pale, with an alternating flush (pink) and palor; features drawn lips retracted and eyelids surmounted by a faint areola; eyes heavy and staring, spirits hopeful and elevated, easy to provoke a laugh with a subdued temper and only irritable under circumstances tending to sarcasm and ridicule.

VI. History of the Operation.—On May 10th, 1883 at 11 o'clock, the patient heroically ascended the operating table, and was put in a recumbent posture with pillows under the head—having taken a very light breakfast—was given three drachms of whiskey, afterwards the six assistants were arranged as to their special tasks.

I commenced by giving the bichloride of methylene, to which the patient did not take very kindly, after repeated spells of vomiting—something unusual for the anæsthetic—he was thoroughly under the influence after three drachms had been inhaled; and Dr. McIntyre began the operation by transfixing the skin of left side of neck over the track of the inner margin of the sterno-cleido-occipito-mastoid muscle, which was largely out of its natural position: through this a long straight bistoury—an incision six and a half inches in length—was passed and the tissues gradually dissected on a grooved director until the lymphona was reached (here emesis began and delayed for a time further procedure until again thoroughly anæsthetized) which was found lying in the superior carotid triangle of neck, displacing muscles of neck, firmly fixed and imbeded in the triangle, with its lower third extending into the inferior carotid triangle, under the anterior belly of the omo-hyoid and anterior margin of the sterno-cleido-occipito-mastoid muscle and even under the clavicle.

The tumor was lobular and very vascular, being perforated in its upper—posterior—portion by the external carotid artery, also superior thyroid with numerous smaller bloodvessels.

The external jugular vein was ligated at both ends, also two ligatures on the external carotid, a few lines above the bifurcation of common carotid artery. The hæmorrhage was becoming more and more alarming, having applied ligatures to all bleeding vessels in reach, and at once the tumor was rapidly kneaded out of its bed, and in this manipulation the commom carotid artery, hehind the tumor and partially under the sterno-cleido-occipito-mastoid was ruptured, and a few moments intervened before this startling and shocking hæmorrhage could be arrested with two ligatures, one above an one below the laceration; the wound was sponged out and exposed to the air for fifteen minutes, with four ligatures hanging out of the upper angle of the wound, and eight at the lower angle, and afterwards five sutures closed the wound of our brave, yet bloodless and almost breathless patient.

Hypodermics of whiskey were used freely until some eight or ten had been given, reaction soon set in and a hypodermic of morphia finished a tedious operation.

For thirty-six hours patient lay on operating table and rallied nicely, though quite active emesis was constant for twenty-four hours afterwards.

There was pain at the base of the brain for several days, which gradually diminished with exacerbations of dizziness. Sulphate of morphia was daily administered, *p. r. n.*, and strength maintained by water, milk, beef tea and wine whey, these were taken through a tube provided specially for the purpose. The temperature at no time exceeded 102° F.; constipation was relieved by enemata and urine drawn by means of catheter for several days.

On May 16th suppuration began quite profusely, having previously dressed wound with carbolized oil, and absorbent cotton, this was continued daily.

The appetite greatly improved and relish was entertained for ice cream and ices, which were given *ad libitum*; pulse 112, yet regular, weak and threaded; temperature 101° F.

On May 21st, sutures were removed and wound dressed as described.

On June 1st at 8 A. M., four ligatures came away with slight traction, to be followed by most disastrous consequences, for on June the 2nd at 2 A. M., while resting quietly and asleep, secondary hæmorrhage (quite severe) made its appearance and was controlled by compression.

At 6 A. M., a slight hæmorrhage was soon under control, to be followed by a most severe and startling hæmorrhage at 11 A. M., which was overcome by means of graduated compresses saturated with liq. fer. sulphatis.

On June 8th, at 2: 30 P. M., six ligatures were removed with no unfavorable consequences; patient's condition quite flattering and well supported by a plucky will and an iron constitution.

On June 9th at 3 A. M., a slight hæmorrhage yielded to compression, to again appear with great violence at 7 A. M., when the wound—now partially united by granulation—was fairly laid open and injected by means of a long nozzled syringe throughout its full extent, with Monsel's solution of persulphate of iron, and dressed with a graduated compress secured to the neck by means of elastic bandage.

Patient continued to rally and appetite improve, with no farther mishaps until June 13th, when a very active hæmorrhage set in at 8 A. M., which was speedily arrested to recur at 3 P. M., with less severity, but sufficient to create some alarm.

On June 15th the last two ligatures were removed and patient progressing most satisfactorily with no untoward symptoms; thus continued an uninterrupted recovery and a new lease of life for our patient.

On July 18th he visited Alton Ill., for a few days to soon return to his former vocation.

## Article XXX.

Comments on Current Literature on the Diseases of the Nose, Throat and Ears. By Thos. F. Rumbold, M. D., of St. Louis.

Inspection of Throat without Instruments.—Dr. Francis calls attention in the *Medical Record* to a difficulty which all have experienced, viz, that of securing a good view of the throat in some patients, through their inability to suppress the tongue. The tongue is sometimes so unyielding as to resist very strong effort to depress it. Dr. Francis suggests that such patients be brought in front of a good light, and simply, but with force, say: *Arh! Barrh!! Varrrst!!!* Life—enunciating each word some few seconds. He has found this not only to secure an excellent view, but also to so dispose the uvula and surrounding parts as greatly to facilitate the diagnosis and treatment of the diseased parts.—*The Medical Age.*

(In about three cases out of five, and perhaps oftener, we have found the following very successful: Direct the patient to open the mouth wide, keeping the tongue within the mouth, and then directing a full *inspiratory* effort to be made. In many cases, the tongue will drop to the floor of the mouth, throughout its entire length, the velum and uvula be elevated and an excellent view obtained).—Ed. *Southern Practitioner.*

The above is quoted to show the extraordinary straits that some are put to, to overcome an obstical that arrises from their own proceedure. Any one having experience in the examination of the throat, will at once see, that each of these physicians were accustomed to either draw the patients tongue outward with a napkin, or to use a spoon or some other means to depress the tongue. With the first method, the difficulty is occasioned by the dorsum of the tongue, which is raised about one inch above the lower border of the velum and thus made to approach so near to the hard palate, that the pharyngeal mirror is apt to touch the base of the tongue during its introduction, this so frequently causes a contraction of the fauces if not an actual retching, that the vocal cords are hid from the examiners eyes.

The only fault with the second method, is that the physician himself uses the tongue depressor. About the best way to cure this habit, is to have some other physician depress his tongue

with a table spoon handle or with the usual short handled, long bladed, rusty, dirty, fenestrated tongue depressor, after this has been applied about six or eight times daily for a week or ten days, he will agree with me and vote that this method is the greatest obsticle there is to successful throat and pharyngeal inspection and application.

With the right kind of a tongue depressor, a patient may hold his own tongue, so as to allow a physician to examine the pharynx and larynx with perfect ease to all parties concerned. In fact, if ease to the patient is not attained, so that the fauces will remain passive and the velum pendent, this part of the examination cannot be perfectly accomplished. No one can depress a patient's tongue as perfectly as the patient himself.

The handle of the tongue depressor should be about eight or nine inches long; there should be three tongue pieces, to fit the tongue of different aged patients, they should each, respectively be two inches, two and a half inches and three inches long.

Dr. J. G Westmoreland in the *Atlanta Medical Register* contributes an article on treatment of chronic nasal catarrh and bronchitis. The method that he recommends is very simple, he uses as mall, wide-mouthed vial, such as is used for holding morphine. A few grains of Iodine is placed in the bottle and when it is heated, the fumes quickly appear and may be readily inhaled. "The inhalation should be made through the nose, if disease exist in the nasal mucous membrane, otherwise the mouth will answer" he says "I am a living monument of its salutary effects".

I am an advocate of physicians trying their own remedies on themselves, and were it not that the doctor says that he is a living monument of the good effects of his method, I would have doubted the efficacy of this plan of treatment in a single instance. It is well known that catarrhal mucous membrane is covered by thick, tanaceous muco-purulent secretion; it is also well known that if this secretion is not removed, any medicament placed on top of it, will not be effications to the covered membrane, unless the remedy be made into a solution by the secretion. It is also well known that the inferior portion of almost every nasal cavity is in a healthy condition and that this membrane is barely moistened by healthy mucus which is quite fluid and will readily make a solution of any substance that may light upon it. It is thus seen that the inhaled remedy is very quickly applied to the healthy surfaces, but may make no impresosin at all upon the unhealthy surfaces. The healthy mucous membrane is injured by this application and the unhealthy portions are not benefited in the least even if the remedy was suitable tothe case.

# Editorial.

## Article XXXI.

The Philadelphia Polyclinic and College for Graduates in Medicine, have started a monthly paper called the *Polyclinic*. Subscription price $1.00 per annum. We wish the paper success.

The first number of the journal of the Am. Med. Ass. has reached us, we think this will be more acceptable to the busy practitioner than the volume at the end of the year.

The streets of St. Louis are cleaner this summer than they have been for many years, and as a consequence our death rate has materially decreased. As soon as our streets are reconstructed with asphaltum and granite we will have one of the healthiest cities in the Union; as it is we rank with any city in the Union which has an equally large population.

We have received one number of the *Home Health*, a journal devoted to the popular science of hygiene, published at Peoria, Ill. Romain J. Curtiss, M. D., Editor; Thos. M. McIlvaine, M. D., Assistant Editor and Publisher. We are well acquainted with Dr. Curtiss and wish it every success, and it will always be a welcome visitor with us.

At last Missouri has a State Board of Health, and although it has been a long time getting one, it has got a good one to start with. Most of the members are personally known to us, and the others by reputation, and we feel safe in making the statement that the board will do their utmost to place Missouri in a good hygienic condition, and raise the standard of the profession by weeding out all the irregulars and quacks, of which Missouri has more than her share.

We are in receipt of the first No. of the "Dio Lewis's Montly," this is a monthly Journal published by Clarke Brothers, it is well gotten up, the Aim being to improve the public health, we quote from the Publihers Notice.

Dear Sir.—It is conceded that the cloud overhanging this wonderful land is the doubtful health of its people, with good digestion and good nerves we can more than realize the world's brightest hopes. The Aim of this Magazine is to popularize Sanitary science. We shall strive to make the subject of the health of our bodies as simple and interesting as a story.

THE PUBLISHER.

This Monthly will contain ninety six pages each issue.

We believe if every family in the land would subscribe for this magazine and follow its directions, there would be one-half less suffering among the female portion especially.

Subscription price, $2.50 a year. 25 cents a number. Address. Clarke Bros. Bible House. New York City.

## Article XXXII.

# Periscope.

### SURGERY.

A New Dressing for Wounds.—From Prof. Bruns, of Tübingen, we recieve a fresh addition to our means for carrying out the after-treatment of wounds, in the form of a preparation which he calls "wood-wool," and which he recommends to surgeons (*Berl. Klin. Woch.*, No. 20). Fine-grained wood in the form of splinters and shavings, such as are largely employed in paper-factories, according to Burns, is the kind of material to be used in preparing the dressing which is called wood-wool. Pine wood is preferred, and especially the *Pinus pieca*, which is poorer in resin and of coarser grain as compared with the wood of othes pines and firs. The further preparation of the wood shavings and splinters consists in their reduction to a state of finer division by being rubbed through a wire sieve, then died, and finally impregnated with various antiseptic substances. That considered best is a half per cent of corrrsive sublimate and ten per cent. of glycerine (the percentage apparently referring to the ratio between these substances and the wood-wool). The advantages of such a dressing are believed to be manifold. Compared with ashes and truf it is absolutely clean, fresh, and of white color, and is soft and pliable like ordinary wool, and, withal, of extraordinary cheapness. It possesses, in virtue of its contained resin and ethereal oils, certain antiseptic properties, and is so easily adapted to the wounded parts and of such elasticity that a uniform and equable pressure is easily obtained. Its principal property, however, is its extraordinary power of taking up fluid: in this it excels all other forms of dressings: it absorbs twelve times its own weight of fluid, so that ten grammes of dried "wood-wool," after complete saturation, weigh one hundred and thirty grammes. Simple sawdust absorbs only three to four times and a half its weight of water, ashes only nine-tenths.

This dressing has been in use by Bruns for half a year, and he has every reason to be greatly satisfied therewith. With the exception of one case of erysipelas, no secondary accidental wound-diseases were met with.—*Medical Times and Gazette.*

TREATMENT OF WARTS.—1. A wart on the sole of the foot, through in itself not a serious matter, is the source of constant and often excessive pain, almost crippling in its effects, and hence demanding surgical aid.

2. Despite the authority of Boyer and of Robert it has not been proved that a wart can form the starting-point of a perforating ulcer.

3. The occurrence of a cancerous degeneration in these excrescences, though affirmed by Leplat, Hebra, and others, has not been established by the evidence adduced.

4. The practitioner should always bear in mind the striking analogy which often exists between a wart and epithelioma in its incipient stage; if the patient has past middle life, and if the wart is solitary and has not been preceded by similar growths elsewhere, equally energetic measures will be called for, as though the existence of cancer was undoubted.

5. Warts under the nails are accompanied by intense pain, and give rise to a kind of onyxis requiring prompt and vigorous procedures.

6. The most efficacious treatment is by cauterization—after abrading the horny covering of the wart—with crystallized acetic acid or with Vienna paste—CORNEAU, *Th. de Paris*, 1882.

DANGERS FROM BOXING THE EARS.—Mr. Dalby, of Saint George's Hospital, and Dr. Carmichael of Edinburgh, call attention to the danger of punishing children by striking them on the head or boxing the ears. If an injury follows a blow on the ears, it may be of three kinds:–1. The hearing may be immediately damaged without the membrane being ruptured, and without any inflammation being set up in the tympanum. 2. The tympanic membrane may at once be ruptured, and the appearance is usually that of a long vertical slit, on one side of the malleous. 3. Without the membrane being broken, acute inflammation may be excited in the tympanic cavity. Sea water, according to Mr. Dalby, has a peculiarly irritating effect upon the lining membrane of the tympanum, especially when the perforation

## A DESIRABLE LOCATION FOR A PHYSICIAN.

This Rare Chance can now be Secured by the Purchase of a Physician's Residence, located in a Pleasant Village in Southern Illinois, at Reasonable Terms, and below Original Cost of Property. An actual introduction into a Practice of from $4,000 to $5,000 per year and Reliable Acquaintance with best Families of the Location will be given the Purchaser.

Address Editor St. Louis Medical and Surgical Journal. or M. E. H., New Athens, Ill., Box 140.



We have repeatedly tried Wm. R. Warner and Co's goods, and always found them to be as they were represented, they always have a good effect on our patients, the pills being made so accurate and with such care, are reliable, and by small doses, frequently given you can get the same affect, if not a better effect, than from large doses given at greater intervals. Especially in the diseases of children are they advantageous, as they are easily taken. They come neatly put up in pocket cases. See Wm. R. Warner and co's advertisement.


Are French flats healthy? Yes, very. Are people in them healthy? No. Why? They have to starve and go half naked to pay the rent. Why are these flats called French flats? To distinguish them from American flats. What are American flats? The people who live in French flats.—*life.*

Limerick: No; you needn't think that fishes have colds in their throats just because you've occasionally observed a fish hawk.—[*The Sanitarian.*

A New York dude fell under a Broadway omnibus wheel the other day, and was completely sub dude.—[*Lowell Courier.*

Ladies, a piece of advice—never send your letters by male.—[*Burlington Free Press.*


We would call attention to the advertisement of Abe and Hernstein in this Journal, we have been acquainted with them for a number of years and in all our dealings with them we have

found that their instruments are just what they are represented to be. No better place can be found for a physician to buy his instruments. Their saddle bags are justly held up as a superior bag for a country practitioner.

---

Missouri Therapeutics.—An old fellow in Missouri, who claims to be a root doctor, has but three medicines in his pharmacopœia. He names them respectively, Hobobalorum, Lobobahirum and Hilobustem. One is a cathartic, another an emetic and the last a "rank pizen," which will bust his patients open. He makes the first by pealing the bark downward, the second by pealing it upward, and the last by pealing it around.—[*Gaillard's Medical Journal.*

---

Lactopeptine is justly called the superior remedy for indigestion as we can testify from personal experience, and also from seeing it tried in a number of cases, and never did it fail to accomplish good, for all those affected with indigestion we would heartily recomend it. It will pay you to read their advt.

---

## SUB-NITRATE BISMUTH,

Manufactured by the MALLINCKRODT CHEMICAL WORKS. ST. LOUIS, is absolutely pure, free from acid smell and taste so objectionable in some makes, very white, bulky and superior. Physicians are requested to convince themselves of the excellent quality of this article by a careful trial and examination.

**Always Specify "MALLINCKRODTS."**

---

Freckles can be removed, according to Dr. J. V. Shoemaker, by the careful application of a little ointment of the oleate of copper at bedtime. He makes the ointment by dissolving the oleate of copper in sufficient oleo-palmitic acid to make a mass.

---

"Don't be going to the funerals of your patients," said a physician's wife to her husband; "it looks too much like a taylor carrying home his own work."

---

We are asked—"Did you ever think what you would do if you had the practice of Prof. Gross?" No we have not. But we have often wondered what Gross would do if he had our practice.

is of small size, so that the fluid that has once entered cannot freely escape. (*Medico-Lituary Jour.*

BUBO OF CHANCROID is recommended by Dr. Keyes to be treated, for the sake of aborting it, by applying with a camel's-hair brush equal parts of tincture of aconite root and tincture of belladonna several times a day. He objects, reasonably, to all irritating appliances and even to ointments where application involves rubbing in with the fingers. The writer has found the suggestion satisfactory as an aid to treatment, pain and tumefaction speedily subsiding. If the application proves irritating, it may be diluted with water. (*Med. Annals.*

A NEW OPERATION FOR SPINA BIFIDA.—Dr. A. W. Mayo Robson thus describes his operation in the *Brit. Med. Jour.*, March 24, 1883;

I made a vertical incision on each side of the tumor, about half an inch from its base, through the skin, and then very carefully dissected the integuments from the meninges, until I reached the laminæ of the vertebræ; this required very careful dissection, as the membranes left were so thin as to be perfectly translucent; the fluid was now let out by puncturing with fine scissors, which were also used to cut away the redundant membranes. The cauda equina was fully exposed, lying on the floor of the spinal canal. I now had two folds each side, each fold being of a different width, the two inner meningeal folds three-fourths and half an inch respectively, and the two skin flaps of the same width; but whilst the wider meningeal flap was on the right, the wider skin-flap was on the left. Thus, when sutures were applied, the lines of union were not opposite.

Acting on the same principle as is carried out in uniting the peritoneum, I brought together the serous surfaces of the arachnoid by several sutures, so as to completely shut off the spinal canal.

Mr. Mayo had, in the mean time, been kindly dissecting (under the antiseptic spray) the periosteum from the femur and frontal bone of a rabbit, which he had just killed. This periosteum I now placed, with its osteogenic layer undermost, over the closed meninges, and carefully sutured it to the periosteum of the laminæ on each side, and to the bony margins above and

below. After this the skin was sutured, a layer of protective applied, and a pad of salicylic wool placed over the wound.

The whole operation, which occupied more than an hour, was performed under the eucalyptus air. Catgut ligatures were employed, and the instruments and sponges were well carbolized. On the s cond day, the nurse, in applying the napkins displaced the dressing; but although the skin wound slightly opened, there was no formation of pus, and no slough came away; in fact, through the small opening, I could see that granulations had sprung up from the superficial surface of the interposed periosteum.

The child has thriven, and has not had a single bad symptom.

As yet I cannot feel any bony crackling, but the skin is level with the surface, and the case is practically cured; if bone form, however, the covering will be all the firmer, and the spinal canal will be physiologically perfect.

NEURECTOMY FOR FACIAL NEURALGIA.—At a recent meeting, of the Midland Medical Society(*British Med. Jour·*, May 12, 1883), Mr. Chavasse, in a paper upon neurectomy as a method of treating facial neuralgia, discussed the palm of performing the various operations that had been devised. Many instances were quoted, occuring in his own practice, and those of other surgeons in which the operation had resulted in long periods of relief; and, again, cases in which the painful manifestations were only subdued for a short time. The weight of the evidence showed that, in certain instances, neurectomy held out hopes of long or permanent relief from suffering when other means had proved ineffectual.

LOCAL ANÆSTHESIA.—Dr. A. M. Pelton recommends the following in *The Southern Practitioner* for May, 1883.

Sharpen to a point a stick about six inches in length. Dip the point into liquified carbolic acid, and apply to the point chosen for opening. After a moment's delay, cut the skin with a knife; then take a little of the acid on the point of the stick and apply to the incision with a gentle rotary motion. By frequent applications of the acid, and a gentle rotary motion of the stick persistently applied, an opening can be made to the required depth. The carbolic acid produces first anæsthesia, then death of the parts to which it is applied in the foregoing manner.

I have little doubt, but, by patience and perseverance, a stick might be made to pass, without pain, through the entire thickness of the fleshy part of the thigh. The following are cases to the point:

Mr. J. G., a young man, aged 22 years, had passed several sleepless nights, and had suffered great pain, with a deep palmar abscess. He presented himself to me with a worn and haggard expression of countenance, and with his nervous system unstrung. In a few minutes I succeeded in making a free opening, causing little or no pain, through which pus escaped. A rough measurement showed an aperture through the swollen tissues seven-eights of an inch in depth.

Miss S. S. presented herself to me under nearly the same circumstances and conditions as in the preceding case, except with felon on her left thumb. A few moments manipulation relieved her without pain, and left a free opening through which pus freely escaped. The depth of the opening was a scant three-fourths of an inch.

## MEDICINE.

ON PICRIC ACID AS A TEST FOR ALBUMEN AND SUGAR IN THE URINE. By GEORGE JOHNSON, M. D., F. R. S.—For the detection of albumen, Dr. Johnson recommends that this acid should "be used in the form of a saturated aqueous solution, or in the form of powder or crystals. The aqueous solution is most suitable for home use, while the powder or crystals may conveniently be carried in a urinary pocket test case. A saturated aqueous solution may be quickly made by adding about fifty times the bulk of boiling water to the powder or crystals; a portion of the acid will crystalize out on cooling, leaving a transparent yellow supernatant liquid. This solution being added to an equal volume of albuminous urine in a test-tube, immediately coagulates the albumen. The coagulated picrate of albumen is soluble in alkalies; if, therefore, the urine be highly alkaline, it must be acidulated by a vegetable or a mineral acid before adding the picric acid solution. In my numerous testings for albumen with picric acid, I have not once found it necessary to acidulate the urine. The picric acid solution is itself sufficiently acid to dissolve the phosphatic sediment which results from boiling a neutral or alkaline specimen of urine. To detect a very minute quantity of albumen, the following method is the best: Into a test-tube

about six inches long, the urine is poured to within two inches of the top; then, the tube being held in a slanting position, about an inch of the picric acid solution is gently poured on the surface of the urine, where, in consequence of its low specific gravity (1003), it only partly mixes with the upper layer of the urine; and, as far as the yellow color of the picric solution extends, there will be more or less turbidity from coagulated albumen, contrasting with the pellucid sustained urine below. If, then, the tube be placed in a stand, the coagulated albumen will gradually subside, and form a delicate horrizontal film at the junction of the colored and the unstained stratum of urine, the yellow liquid above and the uncolored urine below being quite free from turbidity. If the urine should be turbid with urates, it must be cleared by heat before the addition of the picric acid solution."

"As a result of numerous observations, I have arrived at the conclusion, that the picric acid supplied in this way is a more delicate, and therefore more trustworthy test for albumen than nitric acid in cold urine, whether the latter be employed by the method of dropping the acid into the cold urine, or by pouring the urine on the acid previously placed in the tube. The simplest and most satisfactory mode of comparing the two tests as regards their relative delicacy, is to dilute a specimen of albumen, I found that the picric acid solution shows the presence of albumen in a specimen diluted considerably beyond the point at which the nitric acid fails to give any indication. The picric acid, too, often causes an immediate albuminous opalescence in specimens in which nitric acid only slowly, and after an interval of some minutes, gives a similar but sometimes a doubtful indication." Dr. Johnson also describes a new process by which picric acid can be employed for detecting the presence of glucose in the urine.—[*British Medical Journal.*

SMALL-POX AMONG INDIANS.—The Commissioner of Indian Affairs has received the following dispatch from Dr. Warren Day, at the Mohave Indian Agency:

HACKBERRY, A. T., June 28, 1883.

Small-pox prevails from the Colorado River to Ash Fork, 120 miles east. The Mohaves off the reserve are sure to suffer. The Suppais now have the disease. Agent Clark, of the Colorado Reservation, who was with me yesterday, says he is powerless except on reservations. Send vaccine virus. If you approve,

I will see the Mohaves and Suppais protected. Hualapais safe. The emergency permits no delay. Chinamen are selling wnisky and opium to the Indians, or giving it away for immoral purposes. What shall I do? I advise that the Indians be ordered to Peach Springs or their reserve, and to allow none off the reserve.

As the dispatch indicates a general outbreak of the scourge among the Arizona Indians, Commissioner Price immediately ordered a supply of vaccine virus to be sent to the threatened points.

IODINE PAINTING IN SMALL-POX.—In 1881 there was admitted to the Konotop Hospital a woman suffering from lumbar pain and other prodromal symptoms of small-pox. To satisfy the wish of the patient, Dr. Vetroff painted the whole lumbar region with tincture of iodine. On the next day, the painted region was found covered all over with variolous rash, while the remaining surface of the body presented only two vesicles. The course of the disease was remarkably mild. Having learnt this curious fact, Dr. Bojinski-Bojko(*Vretch*, No. 1, 1883), when an epidemic of small-pox broke out in his district, began to paint with iodine the anterior surfaces of the thighs in every patient who came under his notice in the prodromal stage of the disease. In all four cases treated in this way, the rash was strictly limited to the regions painted, and the course of the affection was extremely favorable. An attempt to substitute a sinapism for the iodine gave negative results. (*Lond. Med. Record*, April 1883.)

IODINE AS A GASTRIC SEDATIVE.—The employment of iodine for the relief of the vomiting of pregnancy has been somewhat in vogue for a number of years. And while the success attending its use has been pointed out with more or less enthusiasm, its exact value has never been established. Dr. T. T. Gaunt has for a number of years been employing the compound tincture of iodine in drop doses in nearly all forms of emesis, and reports thirteen cases of the most varied character, in all of which vomiting was promptly arrested by the use of this drug.(*American Journal of the Medical Sciences*, April 1883.)

# Book Reviews.

## Article XXXIII.

Alcoholic Inebriety: From a Medical Standpoint. With Cases from Clinical Record, by Joseph Parrish, M. D. 12mo., pp. 179. (Philadelphia: P. Blackiston, Son & Co., 1012 Walnut St., 1883.)

This is an interesting work and the author treats this subject with ability. From the ordinary and popular outlook, inebriety corrupts a wide range of both public and private morals. Extraordinary efforts are now put forth by almost every State in the Union, to stay the progress of intemperance.

This book will no doubt induce many physicians to take a deeper interest in the subject.

Gout in its Protean Aspects, by J. Milner Fothergill, M. D., Member of the Royal College of Physicians of London, etc. 12mo., pp. 300. (Detroit, Mich: George S. Davis, Publisher, 1883.)

The author has divided the subject into thirteen chapters. The first one speaking of gout in its protean aspects; then he takes up the consideration of the blood and urine in this disease.

The next two chapters he speaks of its external manifestations and internal changes. Then follow the diagnosis, prognosis and causes of gout. His ninth and tenth chapters speak of the treatment of this complaint. There is no doubt but by the popularity of its authur, the publisher will be enabled to dispose of quite a number of the books.

The Physician's Ready Reference Book. A Handy Guide in Office and Bedside Practice, by Richard J. Dunglison, A. M., M. D. Third Edition, Thoroughly Revised and Enlarged, 8vo., pp. 529. (Philadelphia: P. Blakiston, Son & Co., 1883.)

All who even take a glance at this work will readily admit that it will be a valuable addition to the physician's library. That the object of the author in supplying a volume of reference for the practitioner has been fully appreciated, is known by the

rapid sale of the first and second editions, and the demand for this, the third edition.

He has added nineteen new subjects which materially enhances the value of the book. The suggestions and directions which are exceedingly useful in the behavior of physicians, are numerous. Twenty-eight pages are given to the method of making post-mortem examinations. We heartily commend the work.

On the Pathology of Bronchitis, Catarrhal Pneumonia, Tubercle, and Allied Lesions of the Human Lung, by Dr. J. Hamilton, M. B., F. R. C. S. E., F. R. S. E., Professor of Pathological Anatomy, University of Aberdeen, Scotland. With Illustrations, 8vo., pp. 248. (London: McMillan & Co., 1883.)

We have given this book a careful perusal and are well pleased with it. The work first originated in a series of papers that were published in the *London Practitioner*, in the years 1879 and 1880.

The work is divided into two parts, the first on bronchitis, which is discussed very thoroughly and ably. Part two treats of catarrhal pneumonia and tubercle of the lung. There are thirty-two illustrations which greatly enhance the value of the work.

On the Pathology of Bronchitis, Catarrhal Pneumonia, Tubercle, and Allied Lesions of the Human Lung, by Dr. J. Hamilton, M. B., F. R. C. S. E., F. R. S. E., Professor of Pathological Anatomy, University of Aberdeen, Scotland. With Illustrations. 8vo., pp. 248. (London: McMillan & Co., 1883.)

We have given this book a careful perusal and are well pleased with it. The work first originated in a series of papers that were published in the *London Practitioner*, in the years 1879 and 1880.

The work is divided into two parts: the first, on Bronchitis, wtich is discussed very thoroughly and ably; part II. treats of Catarrhal Pneumonia and Tubercle of the Lung. There are thirty-two Illustrations, which greatly enhance the value of the work.

# Books and Pamphlts Received.

## Article XXXIV.

Experimental Researches on the Tension of the Vocal Bands. (*a.*) The Action of the Thyro-Cricoid Muscle. (*b.*) The Action of the Expiratory blast of air. By J. H. Hooper, M. D., Boston.

Report of Proceedings of the Illinois State Board of Health. Quartetly Meeting, Springfield, June 29, 1883.

Dysentery. By Hiram H. Darr, M. D., Caldwell, Tex. (Reprint from the *Columbus Med. Jour.*, March, 1883.)

Second Annual Announcement of the College of Physicians and Surgeons of Chicago. Session 1883–84.

The Bead Suture. A modification of the Quilled Suture for Palatoplasty and for use in other situations in which the suture line requires to be supported for several days. By David Prince, M. D., Jacksonville, Ill. Reprint from *Annals of Anatomy and Surgery*, 1883.

Fourth Annual Announcement and Catalogue of the Northwestern Medical College, of St. Joseph, Mo. Session 1883–84.

Fourth Annual Announcement of the Joplin College of Physicians and Surgeons, Joplin, Mo. Winter Session, 1883–84.

The Symptoms and Diagnosis of Malaria in Children. By L. Emmet Holt, A. M., M. D., New York. (Reprint from *American Journal Obstetrics and Diseases of Women and Children*, Vol. XVI., Nos. 1 to 4, 1883.)

The Treatmont of the Various Forms of Acne. By George H. Rohé, M. D. (Reprint *Medical Chronicle*, May 1883.)

Hints on the Treatment of some Parasitic Skin Diseases. By George H. Rohé, M. D. (Reprint *The Medical Record*, June 25, 1883.)

Pemphigus and the Diseases liable to be mistaken for it. By George H. Rohé, M. D. (Read before the Medical and Surgical Society of Baltimore.) (Reprint *The Medical News*, June 23, 1883.)

Second Annual Announcement of the Iowa College of Physicians and Surgeons, at Des Moines, Session 1883–84.)

The Sixteenth Annual Session of the Missouri Press Association, Held at St. Joseph, Mo., May 9th and 10th, 1882.

Ninth Annual Announcement of the Columbus Medical College, of Columbus, O. Session of 1883–84.

Fourteenth Annual Announcement and Catalogue of the Woman's Medical College of Chicago. Session 1883–84.

Announcement of the Baltimore Medical College, Baltimore, Md., 1883–84.

Medical Departments of the University of Nashville and Vanderbilt University, Announcement of Lectures for Fall and Winter Session of 1883–84.

Twenty-Third Annual Announcement of the Bellevue Hospital Medical College. Session 1883–84.

Cases from Practice. By H. V. Sweringen, M. D., Fort Wayne, Ind.

The Treatment of Retained Placenta after Abortion. (Read before the Indiana State Medical Society, May, 1883.) By H. V. Sweringen, M. D., Fort Wayne, Ind.

Catalogue of the Albany Medical College, Medical Department of Union University, 52nd Session, 1882–83 and Announcement for Session 1883–84.

Surgical Treatment of Wounds. By R. H. Day, M. D. (Read before Louisiana State Medical Society.) (Reprint *New Orleans Med. and Surg. Jour.*, June, 1883.)

Report to his Excellency, the Governor. The Forty-first Missouri University Catalogue. 1882 and 1883.
Founded, 1820. Organized, 1840.

Forty-seventh Annual Announcement Medical Department of the University of Louisville. Session of 1883–84.

Closing Exercises of the Practitioners' Course of Lectures, Delivered in the Spring of 1883, in the Hahnemann Medical College and Hospital, of Chicago, Ill.

On Nasal Cough and the existence of a Sensitive Reflex Area in the Nose. By John N. Mackenzie, M. D., of Baltimore, Md. (Reprint *Am. Jour Med. Sciences*, July, 1883)

Transactions of the Medical Society of the State of West Virginia. Sixteenth Annual Session, Held in Grafton, May 16th and 17th, 1883. (Wheeling: Taney Bros., Printers, 1883.)

# News Items.

## Article XXXV.

### A PROPOSITION TO REVISE THE CODE OF MEDICAL ETHICS.

The following are the preamble and resolutions offered by Dr. S. Pollak, of St. Louis, member of the St. Louis Medical Society, at the meeting of the American Medical Association, in Cleveland on the 7th of June:

A code of ethics is considered essential for such an organixation as the American Medical Association, and is equal in importance to the written laws of a community. Associations and committees can only be ruled by law which are made for themselves and by themselves. But the best laws become oppressive when the conditions are changes which called for their enactment.

A revision and change of such laws becomes then imperative, as is so frequently instanced by the changes of the Constitution of the United States, and of that of every State in the Union. Municipal and corporation charters are changed by the will of the goverened, who delegate that power to their representatives.

The code of ethics has an existence coevil with the organization of the American Medical Association.

It was absolutely necessary then, and it cannot be entirely dispensed with now. But in thirty-four years this country has presented so many phases in its development and progress that new laws are being constantly enacted, and old laws are repealed or modified, to suit the requirements of the time.

The Code has accomplished all it was desired it should, but at present many of its features are obsolete, and not adapted to our wants. The necessity of an early revision is very apparent, is loudly called for in all parts of our land, and cannot be represed much longer. The American Medical Association alone has the right and the power to order a revision; all other medical organizations in affiliation with it can only respectfully ask for it. The time has come when the loud and very soon universal call should be heeded. The excitement and the evil consequences of a schism can be easily averted now, and harmony and fraternal feeling may once more be restored among the members of the medical profession. Therefore,

*Resolved*, 1. That the American Medical Association be respectfully requested to appoint a committee of one member from each State for the purpose of taking into consideration the

propriety and advisability of a revision of the code of ethics, and to report thereon at the meeting in 1884.

*Resolved*, 2. That the committee be authorized to prepare a code of ethics which in their view will meet the wishes of the profession, and submit the same to the meeting of 1884.

---

To the Editor:

Dear Sir:—I have been instructed by the St. Louis Medical Society to request you to publish the following; by doing so you will oblige Yours Respectfully,

A. H. Ohmann-Dumesnil, M. D., Rec. Sec.

---

June 23, 1883.

On June 23d, 1883, Dr. Atwood introduced the following which was adopted by the St. Louis Medical Society, after some considerable discussion:

Whereas, At the recent session of the American Medical Association, a preamble and resolution were offered for the consideration of said Association, purporting to represent the sense of the St. Louis Medical Society upon the propriety of preparing a new code of ethics, or altering and changing the existing code in accordance with the present relations of the profession, and

Whereas, In said preamble the assertion is made that, "the Code has accomplished all it was designed it should, but at present many of its features are obsolete and not adapted to our wants. The necessity of an early revision is very apparent, is loudly called for in all parts of our land, and cannot be repressed much longer. * * * The time has come when the loud and very soon universal call will have to be heeded;" and

Whereas, The St. Louis Medical Society did not instruct, "That the Committee be authorized to prepare a code of ethics which in their view will meet the wishes of the profession, and submit the same to the meeting of 1884;" therefore, be it

*Resolved*, That the St. Louis Medical Society distinctly repudiates the statements contained in said preamble and again expresses its fealty to the existing code of ethics as a time honored and most suitable fundamental law of the profession, and specially deprecates any action calculated to reflect upon its loyalty to those principles which have heretofore secured immunity from the machinations of schismatics within or enemies without.

A. H. Ohmann-Dumesnil, M. D., Rec. Sec.

Dr. T. F. Rumbold Editor St. Louis. Medical and Surgical Journal.

In justice to myself and in vindication of truth, I ask of you the favor to republish the "News Items" of the July number of the St. Louis Medical and Surgical Journal, and add the following Extract of the minutes of the St. Louis Medical Society, of June 2nd. 1883.

Under the head of extraordinary business Dr. Pollak offered the following:

That the delegates of this society to the meeting of the American Medical Association be requested—not instructed—to move for the appointment of a committee of one member from each State, for the purpose of taking into consideration the propriety and advisability of a *revision* of the Code of Ethics of the American Medical Association and to report thereon at the meeting in 1884. This was discussed by Drs Pollak, Porter, Coles, Johnston, Love, Stevens, Hurt, Rumbold, Watkins and Dean. *Carried unanimously.*

Dr. Johnston then offered the following.

*Resolved*, that the delegates of the St. Louis Medical Society, when they meet at Cleveland, shall invite the delegates from the State of Missouri to join with them in presenting these resolutions to the American Medical Association, asking that the committee be appointed to revise the code of ethics. *Carried.*

There were present. The Vice President Dr. Dudley Drs Hueffel, Heacock, Watkins, Jordan, Atwood, Stevens, Coles, Johnston, Borck, Pollak, Lutz, Moeller, Schenck, Love, Lemon, Porter, Kingsley, Fischel, Henske, Laidley, Moore, Bernays, Scott, Meisenbach, Hendricks and Secretary.

A True Copy A. H. Ohmann-Dumesnil, M. D.,
Attest. Recording Secretary.
[Seal.] Dr. S. Pollak, St. Louis.

---

Dr. L. S. Mc. Murtry has retired from the Louisville Medical News and is succeded by Dr. H. A. Cottell, formerly an editor of the Louisville Journal.

---

## STATE BOARD OF HEALTH.

Organization Effected at the Meeting at Jefferson City.—This morning Drs E. H. Gregory, W. B. Conery and P. D. Yost of St. Louis, H. F. Hereford of Kansas City, Geo. M. Cox of Springfield, J. C. Hearne of Hannibal and Geo. P. Bartlett of poplar Bluff, constituting the state board of health, assembled at the governor's office and after taking the oath of office effected a permanent organization by electing Dr. E. H. Gregory, presi-

dent; Dr. Geo. M. Cox, vice-president, and Dr. J. C. Hearne, secretary.

At the afternoon session Drs. Gregory, Yost and Conover were appointed a committee to prepare and have printed suitable blanks for the use of the board.

Dr. Hereford offered the following resolutions, which were agreed to.

*Resolved* that this board recommend to all cities having municipal organization the formation of local boards of health to be composed of no less than five persons, two of whom shall be reputable physicians, and also recommend to the county courts of the different counties the formation of county boards of health to be composed of a like number, and that a report of the organization of such boards and the names of the members thereof be made to the secretary of the state board prior to their regular January meeting of the state board to be held in Jefferson City January 8th, 1884.

*Resolved* that this board will not reconize diplomas from any school that does not require two full coures of lectures of not less than 20 weeks per session, with six months intervening between sessions, and that is not in good standing in the particular school of medicine which it teaches.

*Resoled* that for the purpose of examination of diplomas and of applicants for the practice of medicine who are not graduates, this board will meet in St. Louis August 1st, proximo; Hannibal, September 3; Kansas City, September 5, and Springfield, September 7.

Dr. Yost offered the following resolution, which was adopted.

*Resolved* that a committee of three be appointed to prepare suitable by-laws for the government of the board.

The following members were appointed on the committee under the resolution: Drs. Yost, Bartlett and Hereford.

On motion of Dr. Yost, the secretary was empowered to procure a seal for the use of the board. On motion, the salary of the secretary of the board was fixed at $2.000 per annum.

On motion, the secretary of the board was required to give bond in the sum of $5,000.

There being no further business the board adjourned to meet in St. Louis at the Southern hotel, at 10 o'clock A. M., Wednesday, August 1.

After the adjournment the members of the board, by invita-

tion of the governor, visited his excellency at the mansion and passed a very agreeable evening.

---

Business of the First Day's Session—Buchanan Diploma Rejected.—The State Board of Health convened on the morning of the 1st of August, at the parlors of the Southern Hotel, Dr. E. H. Gregory, of this city, presiding. The members present at this, the first meeting of the board since its organization last winter, were: Vice-President, Dr. G. M. Cox, of Springfield; Second Vice-President, Dr. J. C. Hearne, of Hannibal; Treasurer, Dr. P. D. Yost, of St. Louis, and Drs. G. T. Bartlet, of Poplar Bluff; H. F. Hereford, of Kansas City, and Assistant Secretary, J. C. Miller, of Hannibal.

A form of blank certificate was adopted, and during the day the applications of twenty persons asking for documents entitling them to practice medicine were considered. One of the party presented a diploma from the Buchanan Medical College, which met with a prompt rejection. In this connection the minimum standard of the Illinois State Board was adopted, setting forth the requirements of colleges deemed to be in good standing. In addition to this, applicants are required to furnish credentials from reputable medical men, regarding their social and professional character.

In conformity with the Attorney General's opinion as to who are amenable to the board, the Secretary will be instructed to say it includes all physicians who have diplomas and who have not practiced five years in this State, prior to the passage of the act creating the board; such parties are required to bring or send their diplomas before the board for examination. All physicians who have not diplomas and who have not practiced in the State five years before the passage of the act, are required to come before the board for personal examination in order to obtain certificates. This information with a synopsis of the law, regulating the practice of medicine and surgery and interpretations thereof is to be published for general distribution among the profession.

A code of by-laws was also adopted. The Secretary and Treasurer are required to give bond in the sum of $5,000 each for the faithful performance of their duties. Annual meetings are held at Jefferson City on the second Tuesday in January, and also at meeting places determined by the board, on the second Tuesdays of April, July and October. Unless by vote of the

board, examinations of applicants will not be held at other than the meetings stated. The President is authorized to call a special meeting upon the written request of any three members, and by the same authority may postpone any but the January and July meetings.

It was unanimously resolved to co-operate with the Mississippi Valley Council.

Vice-President Cox, of Springfield, presided over the afternoon meeting, at which the special attention of physicians was called to the law requiring them to register with county Clerks.

During the whole proceedings perfect harmony prevailed, each representative of the various schools of medicine apparently laying aside individual differences in an effort to serve the public.

---

Dr. P. VanPatten, of Wittsburg, Ark., has been invited by the State Superintendent of Instruction, to deliver a lecture on Hygiene, before the teachers of the Peabody Normal Institute, to be held at Jonesboro, Ark., August 20th to 31st, inclusive. No better selection could have been made. The well established literary attainments of Dr. VanPatten and his great familiarity with the various phases of the subject to be discussed, guarantee a very powerful illucidation and scientific investigation on that occasion.

---

In Memoriam.

Whereas, Dr. J. M. Lemmon, of Truxton. Missouri, was suddenly stricken down by the hand of death on the 27th. of June, and

Whereas, the sad event excites the serious concern of the members of this society and demands their expression of esteem and condolence, therefore,

*Resolved*, that in the death of Dr. J. M. Lemmon we recognize the loss of a useful and honorable member of society, a devoted husband and father, a benefactor of mankind, in that his medical skill was most eminent and his devotion to the duties of his profession most thorough, evidencing the nicest instincts of a cultured, noble minded gentleman, whose bearing excited the constant admiration of the medical fraternity wherever he was known.

*Resolved*, that while deeply deploring his untimely taking off, as affecting the needs of society, the associations of the profes-

sion and tender relations of family, we reverentially bow to the ruling of the all wise one, whose dispensations are ever inscrutable to us poor pensioners upon his bounty.

*Resolved*, that we will fondly cherish the memory of our worthy departed brother and commend his noble traits to the emulation of the young men of our fraternity.

*Resolved*, that our warmest sympathies are extended to the family of deceased in their sore affliction and an earnest desire expressed on behalf of their well being in the future.

*Resolved*, that these resolutions be spread upon the records of our society, and a copy of same presented to the family of deeeased, and that a copy also be furnished with request to publish to the *Herald* and *Free Press* and to the St. Louis Medical and Surgical Journal and *Courier of Medicnie* of St Louis.

D. W. Tice, M. D.
A. H. Chenoweth, M. D.
T. N. Bragg, M. D.
Committee of Lincoln County Medical Society.

## Death of Dr. Hubbard.

A Prominent Physician of Northern Ohio.

The meeting of the American Medical Association was darkened by the death, of Dr. John C. Hubbard, of Ashtabula, one of the best known and ablest physicians of Ohio. Dr. Hubbard had come to the city to attend the convention, and was the guest of Dr. G. C. E. Weber. He appeared to be in his usual good health, and about 2 o'clock, after partaking of a lunch, was sitting in the drawing room of Dr. Weber's residence enjoying a cigar and a conversation with his host. While in the midst of a sentence Dr. Hubbard was stricken with apoplexy, and notwithstanding all efforts, could not be resuscitated, and died within 15 minutes from the time of the attack. Dr. Hubbard enjoyed a high reputation for ability among his professional brethren, and was equally popular in social life.

He was born in Trenton. N. Y., in 1820, and graduated at the College of Physicians and Surgeons of New York in 1845, since which time has enjoyed an extensive practice in Northern Ohio and gained an enviable reputation throughout the State as a successful and skillful physician. He was about retiring from practice. Dr. Hubbar leaves a wife and several children.

# WM. R. WARNER & CO.'S

SOLUBLE and PERMANENT

# SUGAR-COATED PILLS.

PIL.
## ANALEPTIC.
(WARNER & CO.)

℞ Pv. Antimonialis . . . gr. LXXV.
Pv. Res. Guaiaci . . . . gr. C
Pv. Aloes Soc. . . . . gr. LXXV.
Pv. Myrrh . . . . . gr. L.
M—fiat pilulæ, No. C.

DOSE.—1 to 4 Pills.

PRICE PER 100, 60 CTS.

PIL.
## ANODYNE
(WARNER & CO.)

℞ Pv. Camphoræ . . . . gr. C
Morphiæ Acetas . . . . gr. v.
Ext. Hyoscyami . . . . gr. C.
Ol. Res. Capsici . . . . gtt. v.
M—fiat pilulæ, No. C.

DOSE.—1 to 2 Pills.

PRICE PER 100, 75 CTS.

PIL.
## ANTICHLOROTIC.
(WARNER & CO.)

℞ Potass. Chlor. . . . . gr. C.
Ferri Chlor. . . . . gr. L.
Pv. Podophylli . . . . gr. C.
Pv. Myrrhæ . . . . gr. L.
M—fiat pilulæ, No. C.

DOSE.—1 to 2 Pills.

PRICE PER 100, 75 CTS.

PIL.
## ANTISPASMODIC.
(WARNER & CO.)

℞ Ext. Hyoscyami . . . . gr. L.
Morphiæ Acetas . . . . gr. v.
Pulv. Camphoræ . . . . gr. L.
Pv. Capsici . . . . gr. L.
M—fiat pilulæ No. C

DOSE.—1 to 2 Pills.

PRICE PER 100, 75 CTS.

PIL.
## ANTIPERIODIC
(WARNER & CO.)

℞ Cinchonidiæ Sulph. . . . gr. C.
Res. Podophylli . . . . gr. v.
Strychniæ Sul. . . . . gr. III.
Gelsemin . . . . . gr. v.
Ferri Sulph. Exs . . . . gr. L.
Ol. Res. Capsici . . . . gtt. x.
M—fiat pilulæ, No. C.

DOSE.—1 to 3 Pills.

PRICE PER 100, 80 CTS.

PIL.
## ANTISPLENETIC.
(WARNER & CO.)

℞ Pv. Aloes Soc. . . . . gr. C.
Pv. Ammoniaci . . . . .
Pv. Myrrhæ aa . . . . gr. L.
Ext. Ergotæ . . . . gr. III.
M—fiat pilulæ, No. C

DOSE.—1 to 4 Pills.

PRICE PER 100, 60 CTS.

PIL.
## ASTRINGENS.
(WARNER & CO.)

℞ Ext. Geranii . . . . gr. CC.
Pv. Opii . . . . gr. XXV.
Ol. Menth. Pip. . . . . gtt. v.
Ol. Res. Zingiber, aa . . . gtt. v.
M—fiat pilulæ, No. C.

DOSE.—1 to 2 Pills.

PRICE PER 100, 60 CTS.

PIL.
## CATHARTIC
(CHOLAGOGUE.)
(WARNER & CO.)

℞ Res. Podophylli . . . . gr. L.
Pil. Hydrarg . . . . gr. XXV.
Ext. Hyoscyami . . . . gr. XII.
Ext. Nuc. Vom. . . . . gr. VI.
Ol. Res. Capsici . . . . gtt. XII.
M—fiat pilulæ, No. C.

DOSE.—1 to 4 Pills.

PRICE PER 100, 60 CTS.

PIL.
## ECCOPROTIC.
(WARNER & CO.)

℞ Ext. Aloes Soc. . . . . gr. CC.
Ext. Nuc. Vomicæ . . . . gr. XX.
Res. Podophylli . . . . gr. X.X.
Ol. Caryophyl . . . . gtt. x.
M—fiat pilulæ, No. C.

DOSE.—1 to 4 Pills.

PRICE PER 100, 60 CTS.

PIL.
## SEDATIVA
(WARNER & CO.)

℞ Ext. Sumbul . . . . .
Ext. Valerianæ . . . . .
Ext. Hyoscyami aa . . . . gr. L.
Ext. Cannab. Ind. . . . gr. x.
M—fiat pilulæ, No. C.

DOSE.—1 to 2 Pills.

PRICE PER 100, 75 CTS.

PIL.
## LAXATIVA
(WARNER & CO.)

℞ Pv. Aloes Soc. . . . . gr. C.
Sulphur . . . . gr. XX.
Res. Podophylli . . . . gr. XX.
Res. Guaiaci . . . . gr. L.
Syr. Rhamni . . . . Q. s.
M—fiat pilulæ, No. C.

DOSE.—1 to 2 Pills.

PRICE PER 100, 60 CTS.

PIL.
## TONIC
(WARNER & CO.)

℞ Ext. Gentianæ . . . . gr. C.
Ext. Hæmoli . . . . gr. L.
Ferri Carb. Saccb . . . . gr. XXV.
Ext. Nuc. Vomicæ . . . . gr. v.
Res. Podophylli . . . . gr. IV.
Ol. Res. Zingiber . . . . gtt. x.
M—fiat pilulæ, No. C.

DOSE.—1 to 2 Pills.

PRICE PER 100, 60 CTS.

PILLS SENT BY MAIL ON RECEIPT OF PRICE.

## WM. R. WARNER & CO.

Manufacturing Chemists,

***1228 MARKET STREET, PHILADELPHIA.***

DEERING J. ROBERTS.

# SUBSCRIBE FOR

# THE

# SOUTHERN PRACTITIONER,

*An Independent Monthly Journal, devoted to Medicine and Surgery.*

EDITORS AND PROPRIETORS.

DUNCAN EVE, M. D., Professor of Principles and Practice of Surgery in the Medical Department of the University of Tennessee.

DEERING J. ROBERTS, M. D., Professor of Theory and Practice of Medicine in the Medical Department of the University of Tennessee.

Lowest Rates of any Medical Periodical containing as much good and reliable reading matter, published in America.

FORTY-EIGHT PAGES OF READING MATTER EACH MONTH.

SUBSCRIPTION PRICE IS ONLY

## ONE DOLLAR A YEAR,

IN ADVANCE.

Original Essays, Original Communications, Clinical Reports of interesting Cases, Reprints of interesting Articles, Results of Experience with Old and New Remedies, Proceedings of Medical Societies, Extracts from Medical Journals, Bibliographical Notices and Reviews, Medical News Items, and Editorial Comments, will constitute the subject matter of each monthly issue. Its pages will at all times be open to anything that pertains to progress in Medicine and Surgery.

To hard-worked medical men, with limited time for reading, and few opportunities for professional conversation, such a Journal as this, bringing every month the latest ideas in medical practice and the latest records of important cases, ought to be invaluable. As a medical periodical that is within the reach of every professional reader, we respectfully submit to your consideration. Subscriptions—ONLY ONE DOLLAR PER ANNUM, POSTAGE INCLUDED—are respectfully solicited.

Correspondence and reports of cases are requested from all regular Practitioners and Medical Organizations.

TO ADVERTISERS IT OFFERS UNUSUAL ADVANTAGES.

All communications must be addressed to

DEERING J. ROBERTS, M. D.,

Managing Editor, 174 Church Street, Nashville, Tenn.

# MAN'S PEPTONIZED BEEF TONIC.

The great necessity for a fluid food that would possess *all the elements necessary for the support of the system* having long been felt by the Medical Profession, we call attention to this preparation, containing the *entire nutritious properties* of the muscular fiber, blood, bone and brain of a healthy bullock, dissolved by aid of heat and pepsin, and preserved by spirit; thus constituting a perfect nutritive, reconstructive tonic.

It is not a mere stimulant, like the now fashionable extracts of beef, but contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of fevers and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections, or induced by overwork, general debility, or the more tedious forms of chronic disease. It is friendly and helpful to the most delicate stomach, and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution. It is entirely free from any drugs. Dispensed in 16 oz. and 12 oz. bottles.

**"DR. MENSMAN'S BEEF TONIC**

Is a complete representative of lean and fat beef, bone, blood and muscle. It consists of all the properties which combine in the development of the animal body, which are liquefied by an artificial process, simulating natural digestion, and retaining all of their alimentary values. It contains in their perfection all the natural elements of the meat in their natural quantitative relations, without their extraneous or indigestible properties, and therefore requiring the least possible effort on the part of the stomach for its conversion into chyle, and its immediate absorption by the system.

"This tonic is free from any drugs or chemicals, and is a great invigorator or recuperant. I have used this preparation in several cases of sickness of a character which enables me to give the most favorable opinion of its great value, in extreme weakness. Some of the cases referred to are hemorrhage of the bowels, typhoid fever, bilious fever, inflammation of the bowels, where the greatest possible prostration was present, and in which I found this meat tonic to accomplish results I could not obtain with any other preparation. It is a gentle stimulant, and allays the peculiar irritation of the stomach, which destroys the appetite in all forms of disease, when the tone of the stomach is destroyed."

"We published the above article in the November No. of 1871, and will say that we have prescribed the tonic daily since date with the very best results."—ED. MED. ECLECTIC.

---

THE BEST TONICS OF THE PHARMACOPŒIA:

## Iron, Phosphorus and Calisaya

We call the attention of the Profession to our preparation of the above estimable Tonics, combined in our elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful amber-colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from **ITS ALKALOIDS OR THEIR SALTS**, being unlike other preparations called "Elixir of Calisaya and Iron," which are simply **Elixir of Quinine and Iron**. Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each teaspoonful contains seven and a half grains Royal Calisaya Bark and two grains Pyrophosphate of Iron.

## PURE COD LIVER OIL.

Manufactured on the Sea-Shore from Fresh and Selected Livers.

The universal demand for Cod Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing Stations where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh, healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest possible process at a lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor, and flavor—having a bland fish-like, and to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Prof. Parker, of New York, says "I have tried almost every other manufacturer's Oil, and give yours the decided preference."

Prof. Hays, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod Liver Oils, have unanimously decided the light straw-colored Cod Liver Oil to be far superior to any of the brown Oils.

---

## SURGICAL INSTRUMENT DEPARTMENT.

Under the direction and personal supervision of W. D. FORD, Instrument Maker to St. Luke's, Mt. Sinai, New York State Women's Hospitals, Bellevue and all other New York Hospitals.

MANUFACTURERS, IMPORTERS, WHOLESALE AND RETAIL DEALERS IN

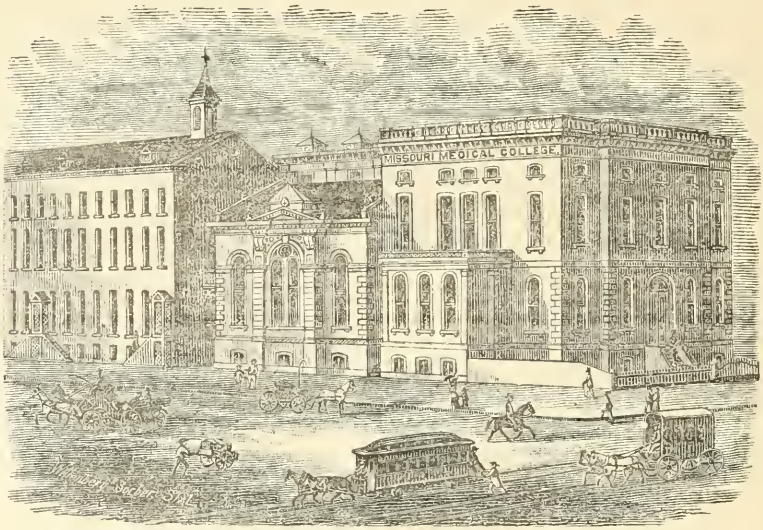
*Surgical, Dental, Orthopedic Instruments, Catheters, Trusses, Supporters, Silk Stockings, Ear Trumpets, Splints, Anatomical Preparations, Local Anæsthesia Apparatus, Laryngoscopes, Ophthalmoscopes, Hypodermic Syringes, Axilla Thermometers, etc., etc.*

☞Special attention given to the manufacture of Instruments to *order*, in exact accordance with patterns furnished by Surgeons and Physicians.

**CASWELL, HAZARD & CO.,**

Family and Manufacturing Chemists, New York.

# MISSOURI MEDICAL COLLEGE




St. John's Hospital. New Clinical Amphitheatre. Main College Building.

## ST. LOUIS, MO.

### *CORNER TWENTY-THIRD STREET AND LUCAS AVENUE.*

The Forty-third Regular Session of this Institution will begin October 1st, 1883, and continues five months.

**FACULTY:**

WM. M. McPHEETERS, M. D.,
Emeritus Professor of Materia Medica and Therapeutics.

JOHN S. MOORE, M. D.,
Professor of Principles of Medicine and Hygiene.

G. M. B. MAUGHS, M. D.,
Professor of Obstetrics and Diseases of Women.

P. GERVAIS ROBINSON, M. D.,
Professor of Practice of Medicine and Clinical Medicine.

J. K. BAUDUY, M. D., LL.D.,
Professor of Psychological Medicine, Diseases of Nervous System, and Medical Jurisprudence.

CHARLES E. MICHEL, M. D.
Professor of Ophthalmology, Histology and Pathological Anatomy.

H. TUHOLSKE, M. D.,
Professor of Clinical Surgery and Surgical Pathology.

OTTO A. WALL, M. D., PH. G.,
Professor of Materia Medica, Therapeutics and Pharmacy.

C. A. TODD, M. D.,
Professor of Anatomy and Diseases of the Ear and Throat.

J. P. KINGSLEY, M. D., SEC'Y,
Professor of Physiology and Clinical Professor of Diseases of Children.

T. F. PREWITT, M. D., DEAN,
Professor of Principles and Practice of Surgery and Clinical Surgery.

C. O. CURTMAN, M. D.,
Professor of Chemistry.

P. V. SCHENCK, M. D.,
Clinical Lecturer on Gynæcology.

C. A. TODD, M. D.,
Demonstrator of Anatomy and Curator of Museum.

JUSTIN STEER, M. D.,
Assistant Demonstrator.

**FEES:**

| | |
|---|---|
| For first two Courses of Lectures, each | $60 00 |
| Matriculation Fee. (Good until the following March) | 5 00 |
| Admission to Dissecting Room. (*Material plenty and at cost*) | 10 00 |
| Practical Laboratory Course (optional) | 10 00 |
| Examination for Degree | 30 00 |
| Hospital Tickets | FREE. |
| Third, and all subsequent Courses | FREE. |

No Fee charged for Graduation or Diploma.

☞For the Annual Circular and Catalogue, address,

**T. F. PREWITT, M. D., Dean.**

## DO YOU ADVERTISE?

Do you wish to advertise to the amount of a few dollars only? Apply to us and we will inform you how you can invest the amount most judiciously.

## WE WILL TELL YOU HOW.

If you wish advice or information on the subject, we shall be glad to communicate with you and endeavor to give you satisfaction.

## YOU CAN SAVE MONEY,

Do you wish to advertise extensively? Send a concise statement of what you wish to do, and await our estimation before giving out the order.

## TIME,

Have you a list of papers in which you find it pays you well to advertise? Send your list and advertisement to us. By so doing, you can save expense, time, and the trouble of attending to the business.

## ANNOYANCE,

Does it give you trouble to look after the advertising in each particular paper? Let us do your business and we will examine every paper, and see that every insertion is properly given and all omissions made good.

## AND HAVE YOUR WORK DONE

Is your credit so well established that you can secure very low rates by trading direct with publishers? If so, we want your business and will procure you equally low rates.

## CHEAPER,

If you do much or little, we shall be glad to do it for you, and give you every advantage which our experience of seventeen years enables us to offer.

## BETTER,

Do you find it difficult to get exactly what you want? Write us in detail just what you require and see if we do not give you satisfaction.

## AND MORE PROMPTLY,

Are you annoyed by needless delays? We promise you they shall not occur if you trade with us. We always send out all orders and check all papers the day they are received.

## BY SENDING YOUR ORDERS TO

If you want the most expensive advertising, we can give you the papers to do it in. If you want the cheapest, we can do the same and in either case it will pay you to write to us.

## GEO. P. ROWELL & CO.,

If you live here or come to our city, we shall be glad to have you call at our offices, whether you are ready to advertise or not.

## NEWSPAPER ADVERTISING BUREAU,

We have an entire building of our own; we keep all the newspapers on file and shall take pleasure in showing you how we do our work. If you can't come, write for our circular and catalogue, which will be sent free.

## NO. 10 SPRUCE ST., NEW YORK.

# FOOD PRESERVATION.

*To the Medical profession:*

We desire to call the attention of the medical profession to a practical and successful Food Preservative, which has been perfected by Prof. R. F. Humiston, of Boston, and called REX MAGNUS or the Humiston Food Preservative. This is perhaps a fanciful and high sounding title, but it is not inappropriate. It is indeed a "Mighty King," for it conquers TIME.

REX MAGNUS *does absolutely preserve* meat, game, poultry, fish, milk, cream, butter, eggs, vegetable juices and fluid extracts in their natural state, in all seasons and climates, perfectly fresh and sweet and for any reasonable time, while at the same time it ripens and makes meats better.

### Solid Scientific Testimony.

Prof. Samuel W. Johnson, the well known chemist, and for more than 25 years identified with the Scientific Department of Yale College furnishes the following report concerning Rex Magnus.

"My tests of 35 days in days mean temperature of 70°, on meats &c., bought in open market have certainly been severe and I am satisfied that the different brands of Rex Magnus, The Humiston Food preservative, with which I have experimented, *have accomplished all claimed for them.* So far as I have yet learned, *they are the*

ONLY PREPARATIONS THAT ARE EFFECTIVE,

*and at the same time practicable,* for domestic use. At the banquet on 'treated' meats at the New Haven House *I could not distinguish between those which had been sixteen days in my laboratory and those newly taken from the refrigerator of the hotel.* The oysters were perfectly palatable and fresh to my taste, and better, as it happened, than those served at the same time, which were recently taken from the shell. The roast beef, steak, chicken, turkey, and quail *were all as good as I have ever eaten.*"

Rex Magnus is *safe, tasteless, pure,* and Prof. Johnson adds in his report. "I should anticipate *no ill results* from its use and consider it *no more harmful than common salt.*"

### Invisible Agents of Disease.

It is well known to the medical profession, and to scientists generally, that there exists in the air myriads of reproductive organisms, representing the lowest forms of vegetable and animal life. They are abundant at all seasons, but more especially during the hottest part of the year. These sporules and germs, as algæ, fungi, torulæ, bacteria, vibrios, etc., though invisible to the naked eye, are now recognized as not only the great cause of fermentative changes, putrefaction and decay, but they are also regarded as the prolific source of many of the inflammatory and purulent diseases. The "septic" or putrefactive changes in animal and vegetable matter, are principally due to these invisible agents, which precede and accompany chemical action.

### So Simple a Child Can Use.

REX MAGNUS is a simple and harmless combination of antiseptics and performs its work by destroying or holding in check these minute organisms. It is perfect in construction and always successful in use when applied according to the directions, which are so simple that a child can follow them, it is compounded on strictly scientific principles from pure and harmless ingredients, directly with a view to the uses for which it is intended

### How to Get It.

The proprietors of this great discovery are desirous that it should be thoroughly investigated by the medical profession throughout the country and will send a sample pound free to every physician who will agree to test it.

It is a great auxillary of Health. Composed as it is of perfectly pure ingredients, it will not injure the most delicate system, and by counteracting the principles of decay and putrefaction it renders the food wholesome and healthful. It is therefore a great boon to invalids not only for this reason but because it also

### Destroys Any Hidden Germs

of disease and averts the dangers which would arise from their being taken into the weak and enfeebled system.

There have been at different times several worthless mixtures offered to the public, which have pretended to accomplish this great result, but they have signally failed. This is probably because their projectors have tried to preserve everything with one compound. A really scientific man would know better than this.

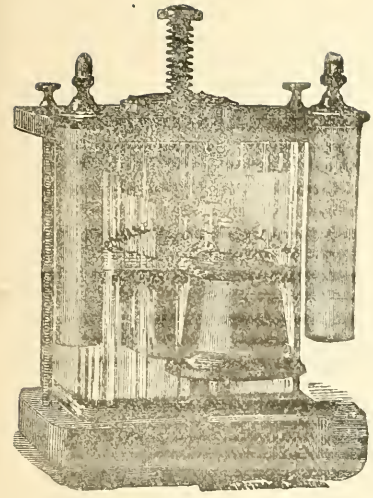
### Different Brands Necessary.

The various kinds of food differ in their nature, character and component parts, and for their sure and safe preservation different antiseptics are required. Prof. Humiston has kept this point in view and for the various classes of food the company makes nine different preparations or brands of REX MAGNUS. They do not claim that what is designed for one thing will preserve another, nor do they claim for any of their preparation any more than they will perform.

### Names and Prices.

The various brands and their retail prices are as follows. "Viandine" for preserving meats, poultry, fish and game, 50 cents per lb. "Ocean Wave" for oysters, clams, lobsters, fish &c., 50 cents per lb. "Pearl" for cream, $1.00 per. lb. "Snow flake" for milk, butter and cheese, 50 cents per lb. "Queen" for eggs, $1.00 per lb. "Aqua Vitae" for medical purposes and for keeping fluid extracts, $1.00 per lb. "Anti-Ferment," "Anti-Mold," Anti-Fly, 50 cents each

THE HUMISTON FOOD PRESERVING CO.,
72 KILBY ST., BOSTON, MASS.



# PORTABLE ELECTRIC LIGHTER,

## Price $5.00.

A scientific and economical apparatus for lighting for Home, Business, Office, Mining and Manufacturing purposes. **Complete in itself.** The Electric Current being produced by chemical action. This apparatus by our adjustments, for which we make extra charges, can be adapted to use as a Burglar Alarm, Medical Battery, Call Bell, or for Automatic Gas Lighting. Our burglar alarm is so constructed that the intruder is immediately confronted with a light and a bell alarm at the same instant. Reliable agents wanted all over the country. Enclose stamp for circular PORTABLE ELECTRIC LIGHT CO., 22 Water Street, Boston. Chartered under the laws of Massachusetts, December, 1882.

*"A Portable Electric Lighter for $5 is being extensively sold by the Portable Electric Light Co., of 22 Water Street, Boston. It is an economical and safe apparatus for lighting for home and business purposes."—Scientific American, New York, December 16, 1882.*

# ALL COMMERCIAL TRAVELERS WHO VISIT PHYSICIANS,

Whether introducing Books, Instruments, or Drugs, can largely increase their personal receipts without interfering with their regular business. This is worth while inquiring about. For particulars address

**F. M. RUMBOLD,**

*Business Manager, St. Louis Med. and Surg. Jour.,*

2622 Washington Ave., St. Louis, Mo.

# DIABETES.

The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, **GILLIFORD'S SOLUTION of ARSENITE of BROMINE.** This remedy has also proved very useful in the treatment of a variety of nervous affections. Manufactured and sold by R. H. GILLIFORD, M. D., Allegheny, Pa. In ½ pint bottles, **$1** per bottle, **$10** per doz. Sent by express on receipt of price. Samples free to physicians.

# OPIUM HABIT.

DR. H. H. KANE, late Superintendent of the De Quincy Home, and author of "Drugs that Enslave," "Morphia Hypodermically," "Opium Smoking," &c., begs leave to announce the discovery by him of a combination of Remedies whereby any habitue **can cure himself at home** in a short time. Endorsed by the most eminent men in the profession. Special terms to Physicians and their patients. Full particulars on application.

Address **Dr. H. KANE,**
**46 W. 14th St., New York.**

# RIDGE'S FOOD

## FOR INFANTS AND INVALIDS.

MANUFACTURED BY

# Woolrich & Co.,

## PALMER MASSACHUSETTS.

This preparation, from the formula of a well-known English Physician, has enjoyed a wide and increasing popularity in England and the British Colonies for nearly thirty year. After a competitive examination in London it was awarded the first rank amongst Cereal foods, in respect of its "guaranteed parity, palatability, bone, flesh and fat-forming qualities." Since its introduction into the United States it has likewise won the highest commendations from Physicians, Managers of Public Institutions, and others who have made trial of its merits; and it is to the discriminating judgment of the medical profession that RIDGE'S FOOD owes its large and increasing patronage on both sides of the Atlantic. This enviable reputation the proprietors are resolved to maintain by vigilant care in the selection of material, and over every process of manufacture.

In common with all products which have obtained an eminent popularity, RIDGE'S FOOD has been subjected to the severest criticisms which envious rivalry could dictate. Science has been invoked to di-prove on *a priori* grounds the positive conclusions of experience. Amongst other objections it has been urged that cereal food containing any portion of its starch unconverted must needs be indigestible by infants, because of the absence of *Ptyaline* from their saliva. The objectors, however, seem to be unaware that Bouchardat and Sandras have demonstrated that the corpuscles of raw starch which remain untransformed in their passage through the stomachs of animals, owing to imperfect action of their saliva, are *eroded, disolved and transformed into sugar by the pancreatic fluid in the intestine.* So that the testimony authorities of such as Dr. Mead, Licentiate of the London College of Physicians, that he has found RIDGE'S FOOD a "very valuable preparation, especially in cases where the digestive powers are unusually feeble," and that of an old and reputable firm of druggists in Chicago, who say, "Its soothing and satisfying properties are so marked as often cause customers to inquire if it does not contain some opiate," may be accepted without demur.

## It is Claimed for This PREPARATION

FIRST.

That it retains the nitrogenous elements and the phosphates in which wheat is so rich, including a metamorphic nitrogenous substance called by a French chemist "cerealine," which acts as a ferment.

SECOND.

That those element are presented in a form which is easy of digestion, and yields abundant nourishment.

THIRD.

That when prepared (as in some cases it must be) with water alone it is acceptable to the most irritable stomach, and is sufficient to sustain life.

FOURTH.

That it is the best daily food for infants and young children, especially for those who are growing rapidly, and makes a bland and nutritious gruel for a nursing woman.

Physicians, as yet unacquainted with RIDGE'S FOOD, will confer a favor on the manufacturers by writing for a sample for the purpose of testing its merits.

## PLEASE SEND FOR PAMPHLETS.

# ELECTRICITY IN Medicine and Surgery.

—BY—

GEO. C. PITZER, M. D.,
SAINT LOUIS, MO.

**Second Edition, Much enlarged and Improved. Price $1.00.**

Address the Author,

GEO. C. PITZER, M. D.,
1110 *Chambers St., St. Louis, Mo.*

This Book is meeting with great favor. It teaches the use of Electricity in the treatment of all diseases where this measure is available. It treats of electro-diagnosis, tells how to detect feigned sickness, how to make tests for life or death in doubtful cases, how to revive people suffering from asphyxia, or from over doses of chloroform taken by inhalation, how to restore those who are suffering from opium or morphine poisons, and how to cauterize with Electricity. Galvanism, Faradism, and Static Electrecity are fully expained, and their peculiar uses clearly pointed out. Some Remarkable Cures are Reported in this Book.

# ALCOHOL.

ALCOHOL AS A FOOD, A MEDICINE, A POISON, AND AS A LUXURY.

By GEO. C. PITZER, M. D.,

Printed on Fine Tinted Paper with Pearl Cover. Price 25 cts.

This essay treats the subject of Alcohol from a

**PHYSIOLOGICAL STANDPOINT.**

It contains the established facts regarding the origin, make-up and physiological or pathological effects of the different forms of alcoholic stimulants in use—viz: Alcohol, Brandy, Whiskey, Gin, Wine, Ale and Beer. It tells what they are made of, how they are disposed of when taken, when and where they may be used with profit, or recklessly employed for great harm.

While all the evidence turns on the side of temperance this work is not of sensational character. The aim is to show the actual results, physically, mentally and morally, from the use of alcohol as a food, a medicine and a beverage.

Address the Author,

GEO. C. PITZER, M. D.,
1110 Chambers St., St. Louis Mo.

# MEDICAL JOURNALS FREE!

Two numbers, different months, of *The American Medical Journal*, will be sent for trial, *free of charge*, to all physicians who apply: then, if it they like it, and want it they may subscribe. This Journal is published monthly and is filled with reading matter of the most practical character, collected from the most reliable sources, from all branches of the profession in this country and in Europe. It supplies the real wants of the general practitioner. Send for two copies, at least, and read them. They cost you nothing.

Address the Editor,

GEO. C. PITZER, M. D.,
1110 Chambers St., SAINT LOUIS, MO.

## To Show the Value of Nutrition in Developing Life and Curing Chronic Diseases,

THE MURDOCK LIQUID FOOD CO., BOSTON,
HAVE ESTABLISHED A

## FREE HOSPITAL OF SEVENTY BEDS.

Forty Beds for Diseased and Orphan Infants from the North End Mission District.

## TREATMENT AND FOOD.

Murdock's Liquid Food with Oat or Barley Gruel of the density of milk. To each wineglass add one-quarter to one-half teaspoonful Liquid Food.

Not a case of Cholera Infantum known during the last three years where Liquid Food has been used. Nor a death of Cholera Infantum when prescribed by a physician.

The ablest writers on Cholera-Infantum recognize it now as milk poisoning, showing the cause of the great mortality in infants brought up by hand.

This is confirmed by results at a leeding Nursery Hospital. We extract from their last report: "Of the twenty-seven bottle-babies twenty-four died during the year."

## THIRTY BEDS FOR WOMEN WITH CHRONIC DISEASES.

**Treatment Murdock's Liquid Food and Common Food.**

Any physician that has a worthy case that will not yield to treatment can haqe a bed assigned if any are vacant.

Any physician can visit our Hospital from 10 A. M to 6 P. M., daily, by applying at our office

Patients can receive any clergyman they may prefer. Our attending physicians are members of the Massachusetts and Suffolk County Medical Societies.

Monthly reports will be published of the condition of all patients. For any physician that has not tried our Liquid Food, we will deliver a six-oz. bottle to the Express in Boston free. Or, by mail, essays from medical societies and testimonials from hospitals and physicians of chronic cases treated with Liquid Food. Liquid Food is Beef, Mutton, and Fruits, raw, condensed many told, and free of insoluble matter. It can be retained by the stomach when so weak as to resuse water, furnishing nutrition without the labor of digestion, making blood faster than all preparations known. It is the only food that will relieve the consumptive from hunger. Ask your druggisst for Essays and Testimonials from Medical Societies, Hospitals and Physicians. 1 oz., 15 cts.: 6 oz., 55 cts.; 12 oz., 1.00.

**Pair SHAFT ANTI-RATTLER Springs** (warranted) mailed for thirty cents in dimes or stamps. Throw away worthless rubbers, *and relieve your mind.* (Agencies given).
**A. G. Morey & Co., La Grange, Ill.**
Name this paper.

## SKELETONS WELL CLEANED.

## ARTICULATED AND DISARTICULATED

## ——FOR SALE CHEAP.——

CORRESPOND WITH ALBERT BECK,
JANITOR ST. LOUIS MEDICAL COLLEGE.

**SEVENTH & MYRTLE, ST. LOUIS, MO.**

# PRIVATE INSTRUCTION

ON THE

# DISEASES OF THE NOSE, THROAT & EARS.

DR. THOS. F. RUMBOLD will give Private Instruction to Physicians, on the Hygienic, Therapeutic and Operative Management of Catarrhal Diseases of the Nose Throat and Ears

The successful management of this most common and most tenaceous disease, depends largely upon the skill and tact of the physician in handling his instruments, as well as in knowing how to manage his patient so that the remedies may be thoroughly yet pleasantly applied. To best acquire this, he should see the applications made, and then make them himself under the instruction of an experienced operator, otherwise he may be compelled to pass many months in experimenting on his patients; the failure that is sure to follow such a practice, will be liable to injure his reputation.

Pupils will have the opportunity to examine and treat patients during the Course.

Terms: $50.00 in advance.

For particulars address, THOS. F. RUMBOLD, M. D.,
2623 Washington Ave.,
St. Louis, Mo.

## PRIVATE INSTRUCTION IN GYNÆCOLOGY.

FOR PHYSICIANS ONLY.

JNO. H. McINTYRE, A. M., M. D.,

Professor of Surgical Diseases of Women and Clinical Gynæcology, St. Louis College for Medical Practitioners, St. Louis, Mo.

Will receive a limited number of Private Pupils, who will have access to his large Clinic.

**Course, One Month; Fees, $50.00.**

For particulars address, JNO. H. McINTYRE, M. D.,
2801 Morgan St.,
St. Louis, Mo.

# PREFACE

## TO DR. RUMBOLD'S HYGIENE AND TREATMENT OF CATARRH.

The theory and practice contained in this work, is the product of over twenty years of continuous labor, observation and study.

I had been but a few years in the practice of this specialty, when I discovered that the successful management of this common and tenacious complaint, depended on the faithful observance of the laws of health by my patients. I soon found, also, that even after they had recovered as completely as it was possible for them to do, the continued observance of these hygienic rules were required, in order to maintain their health.

It is absurd to think that a patient can be successfully treated, while he continues to violate the laws of health. One might as consistently ask a physician to cure him of a burn, while he continues to expose himself to the fire, as to ask to be relieved of a catarrh, while he neglects to employ the means to prevent a renewal of its cause.

For these reasons, I commenced in 1862, to give such rules to my patients as observation had taught me were useful in aiding them to take care of themselves during those seasons of the year in which they were most liable to take cold. These rules I have given in chapters; to these chapters I have added several others on Sanitary Measures, embracing the following subjects: Cleansing the nasal and anal passages; care of the teeth; attention to the surface of the body, and the mental and physical effects of tobacco. I have also added a chapter, detailing what should be done in the event of a cold being taken.

I do not claim that what is written here on hygienic and salutive measures are new, but I do say that it has not been given with sufficient detail and earnestness by any writer on this subject.

Although I have done my utmost to indicate as plainly as possible, the proper management of every phase of this disease, giving three chapters containing the histories of more common cases and their treatment, yet those who expect that this book will enable them to treat successfully *every* case, will be mistaken. The circumstances surrounding each patient are different from those of every other patient, making it necessary that each case should be studied by itself. The management of this disease cannot be learned in a short time.

Having gone entirely out of the beaten track, with respect to the method of making local applications, I may have been too regardless of long established practices. This, however, I leave to the general profession, who, after all, are the TRUE CRITICS. Their almost universal dissatisfaction with the prevailing methods, will soon lead them to ascertain for themselves, whether, what I have reccommended is an improvement or merely a change.

My remarks against the employment of the Eustachian catheter may grate upon the ears of some of my brother practitioners. My reason for discontinuing its use almost entirely is because it has been superceded by methods that are not at all irritating. It would not surprise me if Politzer's and Gruber's methods would place the Eustachian catheter in the drawer where we preserve our discarded instruments.

Should my description of the "Patency of the Eustachian Tube" not be explicit enough to ensure the consideration of this disease in works on Otology, other writers will soon supply the deficiency, as the complaint is not an uncommon one. I wish to record my opinion that the phenomena attending this disease will prove that the present views of the functions of the Eustachian tubes are erroneous.

I fully believe that what I have said on chronic catarrhal inflammation of the nasal passages preceding all catarrhal diseases of the respiratory tract, ear and eyes; on the liability of this inflammation giving rise to diseases in other parts of the organism that are intimately connected with the nasal cavities by nerves; on the paramount importance of hygienic measures; on the great advantage of treating all catarrhal mucous membrane with non-irritating remedies by mild methods; on the spray producer being the only instrument that should be used to make applications to the enflamed mucous membrane; on the possibility of successfully treating the majority of laryngeal troubles by applying remedies to the pharyngo-nasal cavity alone; on the importance of making ocular and aural examination of the ear at the same time, by means of the Acoutoscope; on the certainty of detecting a perforation of the membrana tympani by the tuning fork; on the advantage gained by maintaining a perforation of the membrana tympani to insure a more thorough treatment of the Eustachian tube and the middle ear; and on the functions of the uvula, the azygos prominence, the Eustachian tube and the mastoid cell, will stand the test of close examination, and will be accepted by the profession in a few years.

If it is urged against me, that I have differed very materially from many who are recognized by the profession as being well informed on this subject, I have only to say that what has been given here, is the result of an honest search after facts, and that these facts are stated as I saw them, not fearing to question the correctness of long acknowledged theories, my only guide being my patients' reports—THIS HAS BEEN MY EDUCATOR.

It is conceded by all who have had extensive experience in operative procedure requiring the use of a large variety of instruments, that it is an important means of securing success to have every thing so arranged, that the operator may have the greatest facility for making examinations, applications, etc. With this end in view I have spared no pains to make the armamentarium of my office, including my operating table, as perfect and convenient as possible. It has been my aim to simplify the methods of cleansing and of making applications, but I have not sacrificed thoroughness for simplicity, nor have I sacrificed mildness for any other quality.

The substance of what is said against the use of the Weber douche, I read before the St. Louis Medical Society in September, 1868. The spray producers were presented to the society—after I had used them for three years—in 1869; in Aug., 1868, I gave to Prof. Jno. T. Hodgen, (Professor of Surgery in the St. Louis Medical College) my views concerning the function of the Eustachian tube, saying that Toynbee, Troltsch, Roosa and others were in error when they said that the supply of air to the middle ear took place during the act of deglutition only, and that the observations, made repeatedly by myself, proved that air continuously enters the middle ear, also that the air in this cavity was always in a *rarefied* condition. In September of that year, I read to Prof. Hiram Christopher, of Independence, Mo. the cardinal points of what is contained in the chapters of the Functions of the Eustachian tube. The whole subject was read before our society in 1872. The chapter on the Function of the uvula and azygos prominence was also read before this society in 1876.

The illustrations, with the exception of the section of the ear, which is taken from Henle, are original. It was not thought necessary to state under each illustrated instrument, "the author, etc.," although every one of them are of my own invention.

Many may think that I have been too prolix on some points, but now that my book is in type, I fear that I have not been as definite as the importance of many of the subjects demanded.

T. F. R.

1225 Washington Avenue
January, 1881.

# Dr. Wadsworth's Uterine Elevator.

The most simple and practical of any stem pessary ever invented; made of India rubber *without lead*, unirritating, of easy application, and unfailingly keeps the womb in its natural position. The first-class physicians in Providence, and eminent practitioners in almost every State, highly recommend it. A pamphlet describing it, and testimonials of distinguished physicians; also Price List sent on application.

Price to Physicians $4.50

## H. H. BURRINGTON, Sole Proprietor, Providence, R. I.

*Beware of imitations sold on the great reputation of the above*

For Sale by A. M. Leslie & Co., and Aloe & Hernstein, St. Louis, Mo.

☞Also by dealears in Surgical Instruments generally.

# PEPTODYN.

## The New Digestive is a combination of whole digestive secretions—Pepsine, Pancreatine, Diastase, Etc.,

**Forming an invaluable remedy in the treatment of all forms of Dyspepsia, and all diseases arising from imperfect digestion.**

**N. B.**—*The success of this remedy has led to several imitations of it*, which consist largely of Milk Sugar, and as compared with PEPTODYN, are of little or no real value as digestive agents.

**SAVORY & MOORE, 143 NEW BOND STREET, LONDON.**

**Agents for America—E. FOUGERA & CO., New York.**

# PEPSIN.

## E. SCHEFFER, Louisville, Ky.,

MANUFACTURES BY HIS IMPROVED METHOD

SACCARATED PEPSIN, which has proven its superiority over other Pepsins by its stability, uniformity and agreeable taste. In digestive power it corresponds to the standard adopted by the Committee on the 6th Revision of the U. S. Pharmacopœia which is as follows:

One part dissolved in 500 parts of water, acidulated with 7.5 parts of hydrochloric acid, should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

DRY PEPSIN CONCENTRATED, particularly recommended to manufacturers, possesses 8 times the strength of the above.

PREMIUMS were awarded to the above preparations at the International Exhibition Vienna, in 1873, and the Centennial Exposition in Philadelphia.

# TO PHYSICIANS.

# BROMIDIA! BROMIDIA! BROMIDIA!

**Formula.**—Every *fluid drachm* contains 15 grs. EACH of pure Brom. Potas. and *purified* Chloral, and one-eighth gr. EACH of *gen. imp. ext.* Cannabis Ind. and Hyoscyam.

**Dose.**—*One-half* to *one fluid drachm* in WATER or SYRUP every hour until sleep is produced.

BROMIDIA is *the* Hypnotic *par excellence*. It produces refreshing sleep, and is *exceedingly* valuable in sleeplessness, nervousness, neuralgia, headache, convulsions, colics, etc, and will relieve when *opiates fail*. *Unlike* preparations of opium, *it does not lock up the secretions*. In the restlessness and delirium of Fevers *it is absolutely invaluable*.

F. H. DAVENPORT, M. D., Boston, Mass.
Ass't in Gynæcology, Harvard Univ. Med Dept.

J. K. BAUDUY, A. M., M. D., LL. D., St. Louis, Mo.
Prof. Nervous and Mental Diseases, Missouri Medical College

L. CH. BOISLINIERE, M. D., LL. D., St. Louis, Mo.
Prof. of Obstetrics and Diseases of Women, St. Louis Medical College.

J. S. JEWELL, A. M., M. D., Chicago, Ill.
Ed. "Journal of Mental and Nervous Diseases," and Prof. Nervous and Mental Diseases, Chicago Medical College.

H. M. LYMAN, A. M., M. D., Chicago, Ill.
Prof. Physiology and Diseases of the Nervous System, Rush Medical College.

D. R. BROWEll, M. D., Chicago, Ill.
Ed. "Chicago Medical Journal and Examiner," and Prof. Nervous and Mental Diseases, etc., Woman's Medical College.

I. N. DANFORTH, M. D., Chicago, Ill.
Prof. Pathology and Diseases of the Kidneys, Woman's Hospital Medical College; President and Lecturer on Pathology, Spring Faculty, Rush Medical College.

D. D. BRAMBLE, M. D., Cincinnati, O.
Dean; Prof. of Principles and Practice Surgery and Clinical Surgery, Cincinnati College Medicine and Surgery.

WM. CLENDENIN, M. D., Cincinnati, O.
Prof. Descriptive and Surgical Anatomy, Miami Medical College.

J. H. McINTYRE A. M., M. D., St. Louis.
Prof. Gynæcology, College for Med. Practitioners

W. B. FLETCHER, M. D., Indianapolis, Ind.
Prof. Physiology, Higiene and Clinical Medicine, Medical College of Indiana.

W. J. SCOTT, M. D., Cleveland, O.
Prof. Principles and Practice of Medicine, Medical Department Wooster University.

H. H. POWELL, M. D., Cleveland, O.
Prof. Obstetrics and Diseases of Children, Cleveland Medical College.

A. A. SMITH, M. D., N. Y.
Prof. of Mat. Med. and Therapeutics and Clinical Medicine, Bellevue Hospital Med. College.

H. O. MARCY, A. M., M. D., Boston.
President of the American Academy of Medicine.

BATTLE & COMPANY, Chemists, St. Louis Mo.

# PAPINE.

## The Anodyne Principle of Opium.

PAPINE is the *Anodyne or Pain-Relieving* Principle of Opium in a pleasant liquid form. Its advantages are: That it produces *the good effects* of Opium without the disagreeable tendency to cause nausea, vomiting, etc. It is the *safest* and *most pleasant* of all the preparations of Opium, and is uniform in strength. It can be relied upon in all cases where Opium or Morphia are *indicated*.

ONE FLUID drachm represents one grain of Opium in Anodyne Power.

AVERAGE DOSE, one-half to one teaspoonful.

PREPARED EXCLUSIVELY FOR PHYSICIANS' PRESCRIPTIONS.

BATTLE & COMPANY, Chemists, St. Louis, Mo.

# The College for Medical Practitioners.

## 1225 Washington Ave., St. Louis, Mo.

*Organized March 21, 1882.* *Incorporated April 11, 1882.*

## 1883-1884.

FOURTH SESSION TO COMMENCE OCTOBER, 1883.

## COURSE OF LECTURES

BY FACULTY MEMBERS.

Prof. Thos. F. Rumbold, on Diseases of the Nose, Throat, Ears, Lungs and Heart, 2322 Washington Avenue., Dean

Prof. Edw. Borck, A. M., Surgery, 1225 Washington Avenue, Secretary.

Prof. Fred T. Ledergerber, on History of Medicine and Law, and on Law, 29 South Fourth Street, Treasurer.

Prof. J. H. McIntyre, A. M., on Surgical and Medical Diseases of Women, and Clinical Gynæcology, 2801 Morgan Street.

BY HONORARY MEMBERS

Prof. B. Roemer, on Diseases of the Nervous system and Venereal Diseases, 1341 Morton Street.

Prof. Hiram Christopher, A. M., on Medical Chemistry and Urinology, St. Joseph, Mo.

Prof. Garland Hurt, on Etiology, Hygiene and Management of Diseases, 1210 Olive Street.

BY ASSOCIATE MEMBERS.

A. H. Ohmann-Dumesnil, A. M., M. D., on Skin Diseases, 602 Walnut Street.

A. E. Prince, A. M., M. D., on Operative Opthalmology, with Demonstrations, Jacksonville, Illinois.

H. Marks, M. D., Demonstrator of Anatomy, 1107 Monroe street.

A. Luleff, M. D., Assistant Demonstrator, 817 South Sixth Street.

BY SPECIAL LECTURERS.

W. W. Watkins, M. D., on the Diagnosis of Children's Diseases, 603 Walnut Street.

Meyer J. Epstein, M. D., Prof. of Anatomy, 250 Pine Street.

## CLINICS DAILY.

The re-union dinner will be on the first Monday of the Session, at 4 P. M., at the College building.

---

| | |
|---|---|
| FEES—Session, | $80.00 |
| Diploma of Associate Membership, | 25.00 |
| Under the rules confers life, membhrship, *i. e.*, free attendance | |
| Demonstrator's Ticket, | 10.00 |
| Anatomical Material, Extra. | |

---

FREE—Certificate of Attendance.

Other information will be furnished by the Officers of the College on Application.

---

## ATTENDANTS FOR THE SESSIONS OF 1882-83.

| NAME. | ADDRESS. | PRACTICE. |
|---|---|---|
| Anton Luleff, M. D., | St. Louis, Mo., | 11 years |
| Henry Marks, M. D., | " | 9 " |
| Edwin Bosse, | " | med. student. |
| Wm. A. McMurray, M. D., | " | 17 years. |
| A. B. Barbee, M. D., | " | 39 " |
| Frank M. Rumbold, | " | med. student. |
| Harris T. Garnett, M. D., | Keytesville, Mo., | 20 years |
| Jno. J. Rothfeld, M. D., | St. Louis, Mo., | 10 " |
| R. M. Jordan, M. D., | " | 30 " |
| Alex J. Mullen, M. D., | " | 20 " |
| Jas. W. Thrower, M. D., | " | 10 " |
| A. H. Ohmann-Dumesnil, M. D., | " | 3 " |
| I. J. Barenburg, M. D., | " | 6 " |
| Wm. Standing, M. D., | " | |

| NAME. | ADDRESS. | PRACTICE. |
|---|---|---|
| A. Osterlag, M. D., | St. Louis, Mo., | 15 years. |
| O. B. Hicklin, M. D., | Elk Lick Sp's, Mo., | 8 years. |
| P. W. Logan, M. D., | Standford, Ky., | 22 " |
| M. A. Grentzer, M. D., | St. Louis, Mo., | 10 " |
| Thos. J. Banning, M. D., | Salisbury, Mo., | 20 " |
| Geo. M. Wilson, M. D., | Fairfield, Ill., | 2 " |
| P. C. Flournoy, M. D., | Linevs, Mo., | 22 " |
| Miss M. Grennan, M. D., | St. Louis, Mo., | 10 " |
| J. W. Muller, | " | med. student |
| Edwin L. Swanson, M. D., | Whitney, Tex., | 1 year. |
| G. F. Whitefield, M. D., | Gt. Bend, Mich., | 7 " |
| E. F. Henderson, M. D., | Lebanon, Mo., | 22 " |
| Miss Eliza Townsend, M. D., | St. Louis, | 12 " |

# Grimault & Co's Pharmaceutical Products.

Prepared with scrupulous care under the Immediate supervision of a practical chemist, at their model laboratory at Neullly, near Paris.

**Offices and Salesrooms, No. 8 Rue Vivienne, Paris.**

The attention of the medical profession is directed to a few leading products:

## CHAPOTEAUT'S PEPSICAL PEPTONES.

These Peptones, prepared with great care, contain only beef digested and rendered assimilable by a *Pepsin*, always titrated and regular, extracted from the stomach of the sheep, digesting 7 to 800 times its weight of fibrine, and which cannot be found in commerce. They possess a great alimentary power, and give to the digestive organs, an intense nutritive action. These preparations come under three forms :

1st, **CHAPOTEAUT'S PEPSICAL PEPTONE POWDER** This has only the taste of meat, and offers the advantage of being able to be taken with the first spoon of soup. It is soluble in water, bouillon or wine. Each teaspoonful represents about 4 grains of Peptone, or 21 to 22 grains of Beef, entirely digested and assimilable.

2d, **CHAPOTEAUT'S PEPSICAL PEPTONE CONSERVE.** This article is a liquid, neutral-aromatic, and keeps well. Each teaspoonful represents double its weight of beef, and is taken either pure or in soup, wine, jellies or syrup, and also in the form of alimentary injections.

3d, **CHAPEAUT'S PEPSICAL PEPTONE WINE.** Each small wine-glass contains the Pepsical Peptone of 10 grains of beef. It has a very agreeable taste, and constitutes an excellent aliment, which the patient accepts with pleasure. It is taken at the beginning of meals, in doses of one or two small wine glasses.

## MIDY'S ESSENCE OF SANDAL.

The Essence of Sandal is used with success in place of Copaiba and Cubebs. It is inoffensive, even when taken in large doses. Its use does not occasion any indigestion or diarrhœa. The Sandal Midy is chemically pure, and is only sold in the form of Capsules.

## IODIZED SYRUP OF HORSE RADISH.

The Syrup of Iodized Syrup of Horse Radish is used in France, on a large scale, as a substitute for Cod Liver Oil. It is prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodide so intimately combined as to be insensible to the action of starch.

## Dusart's Syrup and Wine of Lacto-Phosphate of Lime.

The properties of which are scientifically founded on physiological experiments, and have received the sanction of several years' successful trial by the French and English medical profession, as producing durable reconstituent effects in all cases of *Cachexia* or *Adynamia*, when nutrition has been impaired by acute or chronic complaints

As an article of diet it acts as a general excitant of all the nutritive functions, ensures digestion, brings back or increases the appetite, enriches the milk of the mother, and generally improves the vital energies. As a medicament it is chiefly used in convalescence, teething, rickets, and imperfect growth, dyspepsia, various nervous diseases, wounds, fractures, and all complaints of the osseous system.

*Dusart's* Syrup of Lacto-Phosphate of Lime and Iron is a furruginous medicament specially invaluable for the above cases, when complicated with anæmia.

Dusart's work on the "Physiological and Therapeutic Action of Phosphate of Lime," will be sent free to any physician on application to Messrs. E. FOUGERA & Co.

## GRIMAULT & CO.'S MATICO CAPSULES.

These Capsules are coated with Gluten, and contain the essential Oil of Matico, combined with the Balsam of Copaiba, solidified by Calcined Magnesia. Besides its very special activity, the Essence of Matico has the property of disinfecting the Balsam of Copaiba and of making it endured by the stomach, and does not cause any unpleasant eructations.

## LEBAICUE'S DIALYZED IRON, or pure Peroxide of Iron.

IN SOLUTION WITHOUT THE AID OF ACIDS OR OTHER SOLVENTS.

It is nearly tasteless; does not blacken the teeth; is very readily absorbed; will not constipate, or cause any disturbance of the digestive apparatus, and is tolerated by persons who could not support any other preparation of Iron. It is offered in the form of *Solution*, which is generally preferred; or of an *Elixir*, when a slight stimulant is desired.

**The above and all other preparations of Messrs GRIMAULT & CO., and information in regard to the same may be obtained at all times from Messrs E. FOUGERA & CO., Agents, New York.**

# FELLOWS' HYPO-PHOS-PHITES

Contains **THE ESSENTIAL ELEMENTS** to the Animal Organization—
Potash and Lime;

The **OXYDIZING AGENTS**—Iron and Manganese;

The **TONICS**—Quinine and Strychnine;

And the **VITALIZING CONSTITUENT**—Phosphorus,
Combined in the form of a Syrup, with *slight alkaline reaction.*

**IT DIFFERS IN EFFECT FROM ALL OTHERS,** being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

**IT HAS SUSTAINED A HIGH REPUTATION** in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

**ITS CURATIVE PROPERTIES** are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

**IN CASES** where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

**IST ACTION IS PROMPT,** stimulating the appetite, and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

**THE PRESCRIBED DOSE** produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of **mental and nervous affections.**

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

**Each Bottle of Fellow's Hypophosphites contains 128 doses.**

## Prepared by JAMES I. FELLOWS, Chemist,

## 48 VESEY STREET, NEW YORK.

**Circulars and Samples sent to Physicians on appliction.**

☞SPECIAL TO PHYSICIANS.—ONE large bottle containing 15 oz. (which usually sells for $1.50) will be sent upon receipt of **Fifty Cents** with the application, this will be applied to the prepayment of Expressage, and will afford an opportunity for a thorough test in Chronic cases of Debility and Nervousness. Express charges prepaid upon all samples.

FOR SALE BY ALL DRUGGISTS.

# Some Newer Remedies

PARK, DAVIS & CO., respectfully announce to the medical profession and the drug trade that they have now on hand and are prepared to furnish on orders the following articles of more recent introduction to the materia medica:

## Euphorbia Pilulifera.

This Australian drug is introduced as a remedy in asthma. The observations which have been conducted with a view to testing the original claims for it in this affection have strongly corroborated them, and there is abundant reason to believe that we have in Euphorbia Pilulifera a very valuable addition to our list of remedies in this troublesome affection. We solicit further reports.

## Convallaria Majalis.

(LILY OF THE VALLEY.)

Convallaria majalis lowers the frequency of the cardiac contractions, and at the same time increases their tone and energy. Its action is in short, that of digitalis, minus the dangers of cumulative action, etc., associated with the action of the latter. It is impossible in the limits of this notice to detail the full value of this important drug, but we are prepared to furnish, gratis on application, a full reprint of reports from recent periodical literature bearing on the subject. We would, in conclusion, call attention to the fact that such reports on it as have been furnished by physicians in this country, have invariably been based on efforts following the use of our fluid extracts of the drug.

## Chaulmoogra Oil.

The most prominent effects of Chaulmoogra Oil have been observed from its employment in leprosy, psoriasis, eczema and allied skin affections. It has, indeed, been pronounced by competent authorities to be, by all odds, the most successful agent yet employed in leprosy. In leprosy, psoriasis and eczema it is given internally as well as applied locally. As an external application it is also valuable in the form of a liniment in rheumatic arthritis, rheumatoid affections, sprains, sciatica, etc. It, indeed, promises to be a very valuable addition to stimulating and anodyne embrocations.

## Quebracho.

(ASPIDOSPERMA QUEBRACHO.)

Quebracho supplies, in its marked properties, a pressing want, especially in the treatment of pneumonia or other limited affections of the lungs attended by dyspnœa. In such self-limited affections the desideratum is to sustain the patient until the disease shall have run its course, and many have succumbed because of the want of an agent which should do what quebracho is claimed to do. That it is a remedy of indispensable value in acute pulmonary inflammations is attested by abundance of testimony in our possession, and which will be supplied gratuiously, collated from both private and hospital practice.

## Ol. Pongamiæ Glabra.

This remedy has attracted attention in India for the rapidity and completeness of its cures in pityriasis and skin diseases of a similar character. Surgeon-Major Dymock, of Bombay, considers this oil much more effective than acetic acid, while it possesses an advantage over iodine and Goa powder in not discoloring the surface to which it is applied.

## Ol. Eucalypti.

The recent addition of the oil of Eucalyptus to the United States Pharmacopœia has largely extended its application. It is successfully employed as an antiseptic, both locally and by inhalation, and it is also recommended in the treatment of bronchial disorders. We have received, by direct importation, a supply of this remedy which we can recommend as being of full strength, and as possessing all the medicinal properties of a pure and freshly distilled product.

## Convallamarin.

This glucoside of Lilly of the Valley (Convallaria Majalis) has of late received increased attention at the hands of the medical profession, and in response to the demand, we have provided a supply of the remedy, which we offer in ¼, ½ and 1 gramme vials.

Convallamarin exerts an action upon the cardiac functions similar to that of Digitaline, and is usually administered in corresponding doses.

---

**PARK, DAVIS & CO., Manufacturing Chemists,**

DETROIT, MICHIGAN.

NEW YORK: 60 Maiden Lane and 21 Liberty St.